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"HOMŒOPATHIC LIMITATIONS" OR WHERE ARE WE AT?*

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SOME time ago it was demonstrated in the laboratory and observation confirms the finding by the movement of any great truth in human exeperience that growth progresses toward a definite goal by leaps and bounds and not by continuous and regular advances. Every action has a reaction, every impulse of life spends itself and rests. Life is measured by a given number of vital impulses—like the tidal waves the ebb and flow—and like the tidal waves uplifted by the moon's great attraction, each crest rises higher and higher till all the shore lines are swept away, just so with this great truth of Similia. It is to-day in the ebb of a mighty commotion. During the middle of the 19th century it struck hard against the wall of medical ignorance and superstition. It inundated many thousands of its opponents, beset with forms and symbols void of reason and consistence, by the unanswerable logic of its philosophy. It loosened from their moorings many adherents to their practice. It was the first decisive engagement that traditional medicine had encountered, and the disorder, humiliation and keen suffering then experienced by medical traditionalism has gone on from year to year until to-day regularism—so-called—having of late years lost the favor of so many of its friends has rallied for one long last desperate stand. No longer does it contend with a puny hand, full of faithful little pill peddlars, but with many, yea, thousands of its recent followers who, becoming disgusted with their vain pretences of being scientific and regular, have deserted their ranks for all sorts of pathies and isms too numerous to mention. A great nuumber of the regular practitioners have given their attention wholly to surgery and find it safer to trust their sick patients to nurse's care and a kind of dispensation of Providence than to trust them to purgatives, suderifice and anodyne.

Many have gone to the farthest extreme and become Christian Scientists, whereby every one is guaranteed health and happiness for endless ions by joining a therapeutic Annanias club under the caption of religion.

Many more forgetful of the vital disturbance which comes to every organism through dynamic miasmatic influences have pinned their faith to mechanical adjustments, vibratory mechanics or suggestive therapeutics. This number is ever increasing.

Journals, magazines and even the daily press of late have so unanimously condemned drugs, dope and stimulants that it is freely admitted that the practice of the crude drug prescribing fraternity has fallen off over 50 per cent. in the last decade. This is enough to create alarm. Something must be done at once lest Providence and humbuggery—according to the A. M. A.—will be doing the business. The real fact that spread consternation and pessimism among their ranks is this—that the mortality under the care of these other and simple methods is far below the mortality under allopathy.

All signs point to the fact that allopathy has passed the zenith of its history. It can never come back except it fortify itself with compulsatory or prohibitive legislation. This is the next move, and I believe the last move that will be made to redeem it from utter demoralization.

Leading up to this a campaign of education (so-called) and laboratory demonstration has been going on. They are seeking at great expense world-wide publicity on the ground of much scientific procedure. Thousands of pages of literature has been distributed and quite a force of public lecturers have gone up and down the country pleading with the people, boosting a reluctant patronage, creating prejudice, encouraging a class legislation that is not concerned with saving a vital principle in therapeutics, but is concerned with holding a practice for a class of professional empiricists. If there was a vital therapetuic principle at stake I would, too, be desperately concerned. However, there is not. The situation is much like the present plea of selfish interests for invading Mexico, concerning which Governor Marshall wisely said: "We have all kinds of dollars to spend to save men but no men to sacrifice to save dollars." If allopathy can save more lives—restore the sick—make living pleasanter and life longer than Homœopathy or any other of these methods, allopathy ought to have pre-eminence. If not, it

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ought and will have to take its place according to its merit or demerit. The fact is they have no law of cure—no common scientific basis—and the people are finding it out, and now the question that is paramount is what shall become of the *allopath?*

As is usual under such circumstances the sick victim forthwith becomes a medical agnostic, and goes to the other extreme, and denies the fact of sickness, the efficacy of medicines, and becomes immediately an easy prey to all kinds of charlatans. Meanwhile we go slowly on using the same old books, the same proven remedies, presented by the same old law of selections we used a hundred years ago. When well selected we get the same results. Those who have tried Homœopathy believe it yet. Why then have we failed to make the law popular and universally esteemed. Gentlemen, the failure must necessarily have been with the *Homœopath.*

So far in this paper I have been locating the allopath. Now I ask, where are we, Mr. Chairman. Has the new pathies and isms so lately arisen taken our place, can they do and do they do our work? Is the law inapplicable and void? Does the osteopath and chiropractor displace our undertaking? Does Christian Science and suggestive therapeutic have a monopoly on faith? Does the keen edge of the surgeon's knife reach the miasms? I say no, We are physicians first and all the time. It's our business to restore the sick to health by the quickest and easiest way possible. If there is a splinter in the bottom of the suppurating abscess, remove it. If there is a subluxated vertebra, adjust it. If there is a cloud of doubt like a huge pall hanging over the door of faith and hope, brush it away. This is your duty, AND NOW, HAVING DONE ALL, PRESCRIBE. All these separately or combined cannot and do not remove although they are wonderfully helpful and necessary at times, but they do not remove the miasmatic disturbances to the vital force. They do not effect true sickness further than to disturb it. This is especially true in acute diseases, which naturally tend to limit themselves. At the earliest possible date I take my hat off to the orificial surgeon who has opened my blind eyes to stricture and bonds that hindered my patients from responding to my appeal to the disturbed vital force. I respect the man, who, fool that I was, adjusted a dorsal vertebra and let a man breathe when my remedial suggestion went unheeded. I am kindly disposed toward the man of supreme faith in better days and a better world for him who is disconsolate and blue and can awaken hope and cheer and can get a response from the will to try.

The fundamental necessity to any case of sickness is reaction. The vital forces must talk back. By some positive suggestion, external or internal, or both, to which the sympathetic nervous system is competent to respond, is it possible for the failing and ailing life forces to be restored to happy and harmonious action. A diseased state is a dying state to which an extraordinary and homœopathic appeal is necessary to arouse the dormant forces to renewed vital activity. But this is my point—that on account of the peculiar nature of diseased vital force, while benefited by the removal of all three objective conditions, is not and can not be restored permanently except it receive the dynamic remedy, which is homœopathic to its disorder, and only when the objective disturbances have been removed can you get a true picture of the simillimum. Here only is the hope of ultimate recovery. It is needless waste of time to cite numerous instances of this fact, for it ought to be common to the experience of this body, being homœoapthic physicians. Gentlemen, if you are not demonstrating this fact in your neighborhood over and over again, you can not hope to impress a public, that is passing through a transitional epoch of universal history, when confusion rules and dominates the minds of men. But whether you as Homœopaths awaken to your responsibility or not, the fact remains that we are in the dawn of a therapeutic renaissance and in the bright awakening the principles laid down with the making of worlds and life forces and recently enunciated by our worthy and sainted Hahnemann will be fundamental in the practice of medical men. And if you are not accredited with transmitting and perpetuating the law and realizing profit and popular favor, it is because you were weighed in the balance and found wanting. The history of ages reveals this fact that Providence is more concerned in saving a principle than in saving a profession.

INTERNAL REMEDIES IN GYNÆCOLOGY.

BY A. S. PHELPS, M. D., OKLAHOMA CITY, OKLA.

WHAT is new in gynæcology is often asked. It is easy to repeat some of the experimental work being done, but when repeated it is not half so important as to speak of the things that are true in gynæcology. Some of the old forms of practice are proof against criticism, and are not to be divorced from a successful battle against diseased conditions, and the internal remedy still has undisputed merits. Dating back during my practice I have to offer you the following experiences:

Fifteen years ago Dr. R. Ludlum, a physician, author and editor of the highest repute, said that Pulsatilla, Lilium triginum and Sepia constituted a trinity of remedies in treating diseases of women of the highest value. The word trinity stuck with me, and after these years I come to you with the testimony that these remedies are marvelous in curative powers when indicated, and the more they are studied and their

range of symptomatology is studied the greater they are. Permit me to offer another trinity of remedies very useful in gynæcology; they are, Aconite, Belladonna and Nux vomica. Aconite is a general and Belladonna a giant in medical practice. Give me these six remedies and start me out in a special practice and what can I do? My first choice in these remedies I have named is Aconite, and that in the 3x potency. The first thing I think of in giving Aconite is the fact that it is a rapid worker. The dose has done all that it's going to do in twenty minutes, hence it can be repeated often. With me everything is red; red face, red lips, red eyes, and the tension of the capillaries is always great, the arteries are full to bursting, and the Aconite patient is always hot; they are apt to be complaining because of their uncomfortable bodily condition, usually restless, and their first and last thought is for water; allow the Aconite patient all the water she will drink, make no restrictions. They have anguish of body and mind, but the Aconite case is always temporarily relieved after taking a large drink of water. If you have an Aconite patient to deal with don't make a hurried visit, set down by the bedside and out of the glass half full of water in which you have placed ten to fifteen drops of Aconite napellus 3x, give two teaspoonfuls at five or ten minute intervals. Keep on giving this dose until you notice something just at the scalp and forehead, or back of the ears, or in the palm of the hands or about the feet. There is a suspicion of moisture, the patient is not so hot or so red or so anxious or so frightened.

Give more water to drink and more doses of Aconite in the same way, wait and you will witness one of the most marvelous displays in the vascular system—a watery exudate, a sweat, a relaxation, a sense of great bodily relief, the tension has gone, the redness lessens, the patient has yielded. A different line of symptoms may be related from now on, but I must also add that in my use of Aconite I am quite as confident of its great value in chronic cases as in the acute cases. This is not the usual argument, but I could not get along without Aconite in chronic cases. Aconite cases, as a rule, are as easily relieved and are radically cured. I do not mean to reach out for the physiological action of this drug, for with some people Aconite must be administered in a high potency, and some can take the maximum dose. I don't expect to quote text-book symptoms or enlarge on the merits of diagnosis, but what I have to tell you about Aconite concerns the things I know, things I've seen and felt. I've done more good with Aconite in the hysteria cases in young women where it has been mixed up with approaching menstruation than with any other remedy. Its use with me is quicker, better and surer than a hypnotic or opiate.

Follow me if you will for a moment. Take any given case of emotional, nervous disorder, and especially where the function of menstruation is concerned and the period is very near, close your eyes if you will—forget the clothing, forget the muscular and bony walls of the pelvis, forget sex, but see the organs of reproduction undergoing a wonderful state of activity, a preparation, a getting ready; recall the fact that the uterus is the most vascular organ in the body, that its arteries are tortuous and its veins are enormous in number and contain large quantities of blood. See the parts in stasis, keep on viewing the organs, now filled to almost bursting, and yet a hundred to a hundred and twenty times each minute the heart is sending in more arterial blood. See the organs enlarge, see them get red, see them get hot; see their increased weight, see the increased tension, and recall that when their vascular changes have taken place that the tension is almost to bursting, and let me remind you that the initial hæmorrhage of the menstrual function is at the very farthest possible tip of the distended capillary, mixed up with the venous radical in the endometrium.

If relief is ever to come through the bursting or breaking in the mucous membrane it is not sufficient in quantity to afford instant relief. The vascular system back of it is still being overcharged, the escape is too little to reduce tension, the parts are still in extreme dilatation, engorgement, and are approaching congestion. Now comes the action of Aconite. The patient is restless—why should she be? She is irritable, anxious, fretful, mad, the bodily heat is great; she is awfully uncomfortable, the menses are due. Just so sure as the vascular system is so disturbed, equally so is the sympathetic nervous system. The stomach and bowels are not right; the skin is dry and hot, the head aches, noises jar and create distress. She wants something; it's company, it's sympathy, it's entreaty and not command; she fears something, she has anxiety, she scolds or fights; my word for it, Aconite will be to her the greatest friend and the quickest to relieve. Its frequent exhibition will aid materially in producing the lessening of the tension under which both the venous and vascular system will rest. The stasis that has been a barrier is lessened, the blood no longer jumps, it flows in rhythm.

Some years ago I learned the value of Aconite in a clinical way in cases quite the opposite of the above, those who are always cold, have to dress extremely warm and keep warm to keep from suffering. They may be neurasthenic, but they also have to menstruate, and the same wonderful function has to be met. Given a case where pallor gives place to redness, and the surfaces are cold instead of hot, and the extremities are lifeless and bloodless, think for a moment that it is just possible that the internal

organs, the lungs, the viscera and internal reproductive organs have all the blood in the body, and that these organs are filled to bursting in consequence, and you have another picture, but of the same kind. Recall the vaso-constrictors as well as the vaso-dilators are under the same control of the sympathetic nervous system and are acted upon by Aconite in the same way. I've seen these freezing cases warm up under a few doses of Aconite and

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IS THE HOMŒOPATHIC MATERIA MEDICA A SCIENTIFIC QUANTITY?*

BY LEWIS PINKERTON CRUTCHER, M. D., KANSAS CITY, MO.

A SATISFACTORY discussion of the problem suggested by the title of this paper is dependent upon a clear understanding of the following propositions:

First. That drugs produce characteristic effects upon healthy human beings.

Second. That these effects may be intelligently and methodically recorded.

Third. That these facts are true and wholly independent of a possible subsequent therapeutic application.

From time immemorial mankind has recognized that products of the three great kingdoms would produce peculiar effects upon healthy individuals. It is true that these observations were confined very largely to the toxic effects, but that only goes to prove that each drug had established its identity in that regard.

The thought of recording these symptoms for ulterior clinical use did not take definite form until Hahnemann was aroused by therapeutic expediency to make such a record; and yet, the fact that Hahnemann found such a record necessary to the successful application of his therapeutic discovery does not alter the fact that Hahnemann's materia medica is independent of Hahnemann's Homœopathy; while, on the other hand, Homœopathy is utterly dependent upon a record of drug effects on the healthy.

To refer to the materia medica necessary to Homœopathy as the "homœopathic" materia medica is clearly a grievous mistake, for the sufficient reason that they are two separate and distinct propositions.

Stating the case, as we understand it, "A drug will produce peculiar effects upon the healthy when similar symptoms are found in the sick that drug will cure."

The first clause in this statement signifies a scientific certainty that needs only accurate application to demonstrate its truthfulness. Whether the second clause represents a scientific fact is another question which does not come into the province of this paper.

It is, then, manifestly unfortunate that the materia medica record which we, as Homœopaths, use has been, and is known as the "homœopathic" materia medica, because such identification with therapeutics tends to rob it of its full scientific significance.

Bluntly stated, there is no such thing as a "homœopathic" materia medica, and it is meet that we recognize both science and Hahnemann by a future proper reference which should be the *Hahnemannian* materia medica, for certainly the materia medica which we use is scientific, and quite as certainly is Hahnemann entitled to the credit of having bequeathed to us the remarkable record of drug effects on the healthy which we know as a materia medica.

Now, a materia medica which is based upon the results of experimenation in the realm of pathology must, of necessity, fall short of scientific meaning in exact proportion to the recognized variations to be found in diseased individuals, and since such a record must have its foundation in abnormal or unnatural conditions, it is little short of presumption to claim for it any justification in science. Every scientific fact must be based upon an ideal premise, and health being the ideal in this reckoning, a record of drug effects upon the healthy which is subject to repeated definite demonstration must be scientific.

In the light of this fact, it is most deplorable that certain of our investigators have presumed to introduce the menacing addition of clinical symptoms to the Hahnemannian materia medica, for, surely, these symptoms are not basically scientific, and cannot but detract from the purity of the record; and, be it also said, that this intrusion shows very clearly our tendency to confuse the materia medica with Homœopathy.

It is not here denied that the use of the term "homœopathic" materia medica may be justified by the fact that the homœopathic school promulgated it, and has sustained it; but we should fully understand that such designation has no more meaning than to give due credit, and that literally the term is incorrect and withal dangerous to the integrity of a scientific truth.

If Homœopathy had never been known, or, being known, it should become obsolete, there would still remain the scientific truism that drugs produce definite effects upon the healthy, and, indeed, that a record of such effects could be made with no ulterior therapeutic purpose in view.

To assume that this basic principle was created for the convenience of Homœopathy would be as absurd as to hold that the vertebral column was created for the convenience of osteopathy, or that the mind was created solely for Christian Science demonstrations.

It does not follow that the record of drug

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effects on the healthy, which we now have, may not be made more perfect, for, without question, there are many effects produced by drugs which, as yet, we have not been able to observe, and every device and instrument should be utilized to that end.

Let us perfect the record, but if the medicine is to have a scientific basis we must keep that record pure and untarnished from the world of chaotic experimentation.

The "homœopathic" materia medica is, indeed, a scientific quantity, and it behooves us to keep it.

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TREATMENT OF INFANTILE FERMENTATIVE DIARRHŒA WITH LACTIC ACID BACILLUS.

BY A. H. SEIBERT, M. D., LOUISVILLE, KY.

SOMETIMES our best efforts go amiss in the treatment of some conditions. One of the most marked of this class is infantile diarrhœa, or, may I say, all fermentive diarrhœas.

Sometimes as we search for methods and means we will come across something which appears to us as exceptionally good. So it was with me as my attention was called several months ago to the use of buttermilk in infant feeding, it being both a food and remedy combined.

I immediately began my investigation, which to date have been mostly theoretical, as I have tried it only on several cases but with good results.

I am indebted for most of my information to the Walker Gordon Laboratories of St. Louis and Boston, and to Dr. C. H. Dunn, of Boston.

Diarrhœa classified etiologically is divided into four forms, or, in other words, due to four influences: 1st, nervous; 2d, indigestion; 3d, bacterial fermentation; 4th, bacterial infection.

The last two forms having been much debated, some contending that all cases be called infectious. The distinction between the two is that in the infectious form we have a parasitic germ feeding on the body tissue, while in the fermentive we have a saprophytic germ living on the contents of the bowel.

In the parasitic or infectious form we may be able to antagonize the germ by modern methods, such as some of the serums; but in the last named form the treatment must be directed at the germ within the bowel contents, which is by creating an antagonism between germs of a different variety. It has been shown by experiment that some bacteria have the power in certain media of inhibiting the growth of others.

Dr. Tissier, of the Pasteur Institute of Paris, who has done much work along this line, reports that in examining the dejecta in health he finds that the bacillus bifidus are the predominating organism, while in disease they disappear and several abnormal organisms take their places, among which Tissier isolated the bacillus perfringens (a rod shaped bacillus) as the one causing fermentive diarrhœa.

As a predisposing cause unsuitable chemical composition of food plays a very important part, especially where proteids are increased; these conditions are so often found in the bottle fed.

He finds that in recovery the bacillus perfringens are soon replaced by the bacillus bifidus.

In a media sufficiently rich in carbohydrates the bacillus bifidus have the power to inhibit the growth of the bacillus perfringens, while in a media lacking carbohydrates the bacillus perfringens overcome the bacillus bifidus, proving conclusively the effect of one bacillus over the other in the proper media.

Tissier's method was to remove contents of bowels by purgation, diminish proteids in diet and add carbohydrates, and introduce into the bowel a bacillus to inhibit the action of the bacillus perfringens. The most common bacillus for this purpose he found to be the lactic acid bacillus, which is easily developed. He at first gave pure cultures of the bacillus, noting the immediate transformation of the stools as well as subsidence of all symptoms and gain in weight. Whether or not Tissier's conclusions are correct, we all believe that fermentation is due to bacterial origin, and that we are justified in placing into the intestines the lactic acid, a harmless bacillus, which is known in the test tube to inhibit the action of the abnormal organisms.

Dr. Dunn, of Boston, who is visiting physician to several children's hospitals in Boston, has experimented with this feeding since 1906, and he agrees with Tissier in all his theories.

Dr. Dunn finds that buttermilk furnishes the bacillus in the most convenient form. He cites instances of its previous use but with poor results, owing to the fact that it had been pasteurized, rendering the germs inactive.

Buttermilk makes a good constant food, not being liable to sudden upset digestions from intolerance of fats and proteids.

Dr. Dunn reports, out of the first 35 cases (not all fermentive), 23 showed gain in weight and general improvement; 3 immediate cessation of diarrhœa with no gain in weight; 9 cases with no improvement. In all of these cases buttermilk was used only after all other known methods had failed.

To make sure that the cures were due to bacterial action of the buttermilk and not to its various chemical constituents, he selected 14 cases, fed them, first, on pasterurized buttermilk with no improvement than changing to the plain raw buttermilk, no other change being made, resulted in recovery of all cases, proving

conclusively that the bacillus were responsible for the cure.

Clinical manifestations of the cure are the remarkable quick change in the stools from a loose, foul, green to a formed light yellow stool with a slightly sour odor. The typical lactic acid stool is firm, putty-like, light yellow or white, with an agreeable odor.

At first the patient may vomit the sour milk, but this only lasts for one or two days in favorable cases.

The gain in weight in those cases in which it appears is very rapid, but not all cases show a gain under strict buttermilk diet, consequently it is often necessary to alternate the feedings between the buttermilk and a modified milk under which these cases usually do well.

In those most severe cases in which ripened milk causes indigestion, it is well to start the treatment with a bouillon culture of the bacillus followed by the ripened milk and then modified milk.

It has been found by various exeriments that ripened fat free or (skim milk) has better effect and is much more readily tolerated than the true buttermilk in which the fat has been removed after fermentation has taken place.

It is possible in cases of peculiar intestinal disturbances to vary the quality of the food to suit the case by the addition of fat, sugar or water, as the case may demand.

If it is not possible in this way to attain the proper caloric value of the food we may altenate with a profusely modified diet.

One very essential feature of this treatment is the use of a good stain of the bacillus. Metchnikoff tells us there are many varieties of the lactic acid bacillus, but few are very active.

While the use of buttermilk from the dairies has met with good success in many cases, it is not dependable, as we have no way of ascertaining the strain of bacillus with which we deal. The chances are that it would be one of the ineffective strains. Where possible it is always advisable to ripen fat free milk with a bacillus of a known value. This may easily be done by the physician where he has intelligent people to deal with.

1st. Send for an efficient strain of bacillus on a bouillon culture, which may be had at the more responsible milk laboratories, Walker Gordon Laboratory, of Boston or St. Louis, or some other equally responsible.

2d. Remove the cream from the milk as near as possible. This skim milk is then inoculated with the culture and allowed to stand in a warm place until it sours or forms a fine curd, after which it is placed on ice until ready for use. A portion of this milk is set aside each day to inoculate the next day's supply, which continues the same strain and gives an abundance of living bacteria.

Not only is the lactic acid bacillus applicable in infantile diarrhœa, but in intestinal fermentation in the adult as well. I call to mind two cases of intestinal indigestion in which nothing seemed to relieve. I gave Metchnikoff "lactobacilline" tablets with gratifying results. I have reports of cases of gall stones, diabetes and intestinal atony which were greatly relieved by the bacillus.

TOBACCO AND CHOLERA.

BY J. W. HODGE, M. D., NIAGARA FALLS, N. Y.

EVER since the time whereupon Christian men adopted the filthy and degrading tobacco-habit from the red skinned savages of the forest, medical addicts of the Indian weed have been searching in vain for some sort of plausible pretext whereby they hoped to justify or condone their guilty indulgence in the use of the health-blighting and demoralizing weed. In time past the self-styled "regular" doctors of "scientific" medicine made free and frequent use of tobacco by prescribing strong infusions of the poisonous weed as a panacea for nearly all the ailments of their clients.

In old editions of allopathic treatises on materia medica and therapeutics, tobacco was highly recommended and indiscriminately prescribed as a panacea for nearly every ill to which human flesh was heir.

In the days of tobacco-therapy, disease was regarded by the "regular" doctors of physic as an entity, a something which had gained admission to, and taken possession of the human body, and could be expelled or exorcised therefrom only by the administration of emetics, diaphoretics, purgatives and corrigents to the sick. By the prevailing orthodox medical theory of that period it was postulated that one disagreeable thing could be driven from the body of the sick by introducing thereinto another and more repulsive or poisonous thing, just as farmers were accustomed to put ferrets into their barns to drive out rats.

Acting upon that foolish and absurd hypothesis, strong infusions of the filthiest and most poisonous weed that grows were either crammed down the throats of the helpless sick or forcibly administered to them in the shape of clysters or enemata *per rectum*. Under this lethal regime of heroic and indiscriminate fuddling of the sick with deadly poison, thousands upon thousands of helpless children were hurried, *secundum artem*, to untimely graves by the doctors of "scienific" medicine. After having thus recklessly and disastrously experimented for more than a century upon the weak-minded and defenceless sick with their death-dealing nicotine, the doctors were forced to abandon the use of tobacco in the treatment of the sick because their patients refused longer to take the deadly drug. So it

came to pass that the drug-doctors were obliged to relegate their tobacco-panacea to the mountainous junk-heap of discarded panaceas and specifics which in their day had also been mistaken for verities. At the present time tobacco has no place at all in modern works on materia medica or therapeutics, that deadly drug having been wholly eliminated from the armamentarium of the drug-doctors. When sick people refused longer to submit to nicotine-poisoning at the hands of their family doctors there was no place left for tobacco unless the drug-doctors were willing to prescribe it for their own use and take their own medicine. This the doctors did by setting the vicious example of smoking and chewing tobacco as a social custom. They also used it in the form of snuff which they called a sternutatory. The drug-doctors took so readily to tobacco that the result has been a tobacco-debauched medical profession. Medical men, as a class, are to-day hopelessly and slavishly addicted to the habitual use of the stinking, demoralizing Indian weed. The jack members of the medical profession keep themselves so thoroughly saturated with the malodorous poison that they "smell to high heaven," and are a veritable stench in the nostrils of their sick clients.

Although the tobacco-steeped doctors of physic have searched long and eagerly for some plausible pretext whereby to justify their servile addiction to a filthy drug-habit, their efforts have invariably resulted in ignominious failures. Of late, however, it has been blatantly announced through the old school medical press that at last the long sought justification for tobacco has been brilliantly discovered by a tobacco-doctor of Germany, the home of charlatanism. The medical guy who made this wonderful discovery is said to be Prof. Wenck, M. D., of the Imperial Institute of Berlin, Deutschland. This medico is another specimen of the Dr. Friedmann brand of German charlatan. This German drug doctor has blatantly announced, with great flourish of trumpets, to a credulous, gaping and gullible public his wonderful discovery that tobacco is fatal to the germs of Asiatic cholera. This tobacconized, germ-crazed medical man announces as one of his findings that cholera-germs promptly gave up the ghost after one-half hour's exposure to the smoke of Havana tobacco, and also that tobacco smoke in the brief space of five minutes killed cholera germs found in the saliva.

This wonderfully brilliant discovery of the germicidal virtues of tobacco smoke is being heralded broadcast throughout Christendom for the consolation of tobacco-debauched medical men and other hopeless addicts of the demoralizing Indian weed. It is an old saying that "a drowning man grasps at a straw." Dr. Wenck's recent discovery of a pretext for the use of tobacco being the only visible straw within the reach of the victims of tobacco, it will no doubt be frantically grasped at by all the medical tobacco fiends in Christendom.

Christian clermymen, who, as a class, are slavishly addicted to the use of tobacco, will now be able to plead justification of their filthy addiction to the "divine weed," the stench of which when emanating from the consecrated bodies of these tobacco-steeped divines must be accepted by the ladies of their flock as the "odor of sanctity."

In view of the imminent danger (?) to be apprehended from Asiatic cholera, an oriental filth-disease which thrives only in the slums of densely populated cities in which sanitary measures are neglected, it would seem advisable in view of Dr. Wenck's recent discovery that everybody take to smoking or chewing to escape a slum disease (cholera). It is to be hoped that our ladies, young girls and children will proceed at once to take on the tobacco habit and to saturate their blood with nicotine. To be poisoned with the deadly nicotine is surely preferable to taking any chances on catching cholera. The jack-members of every Christian community, including the tobacco-steeped clergy and the nicotinized drug-doctors, being already thoroughly saturated with the essence of the Indian weed, need now have no fear of being themselves attacked by "cholera-germs," but in order to be consistent in their professions of solicitude for their dear wives and daughters these germ-proof tobacco fiends who have been accustomed to monopolize the use of the "divine weed" for their own selfiesh use, should now see to it that their wives, sisters, daughters and sweethearts are provided with dainty brands of the latest cholera preventive. The dear ladies and sweet girls should be supplied with cigarettes, cigars, cheroots, stogies, cutty-pipes, snuff-boxes, cuspidors, etc., so that the fair sex may smoke and chew and spit, just as the men folks are wont to do. Surely no smoker would deny the dear ladies this blessed privilege. No real man could be so selfish and unmanly as to deny his dear wife and beloved daughters the blessings and benefits of the newly discovered cholera preventive. If the lips, teeth and fingers, and the garments, of our women shall become tainted and stained with tobacco juices and their complexions jaundiced under the use of the weed; if their mouths, breaths and gowns become redolent with the stench of tobacco smoke, tobacco-addicted men can surely have no valid reason for finding fault with the dear ladies for imitating the example set before them by the lords of creation, their fathers, husbands and brothers. Smokers, think this over, and let it sink into your tobacconized think tanks.

Furthermore, let us not overlook the welfare of the dear little children. Infants are known to be much more susceptible to cholera infection than adults are, and cholera is far more fatal to infants and children than to grown-ups

In consideration of these significant facts, why not begin to educate our children to the gentle art of chewing tobacco and puffing cigarettes as soon as they shall have been weaned from their mother's breasts? I say, why not? History informs us that the savage mothers of children in the Philippine Islands have for generations past conferred this "blessing" upon their young children. Are the children of civilized mothers not entitled to as much protection as the babes of savages? If tobacco is a protection against cholera, why not give the poor helpless little children the benefit of Dr. Wenck's grand prophylactic? A nation which can boast of such heroic men as are reported to have voluntarily and uncomplainingly gone forth to certain death on the ill-fated "Titanic" in order that women and children might be spared the calamity of watery graves can surely be counted upon to rescue the ladies and the babies of our land from the perils of the deadly cholera-germs. So, I say, let our wives and daughters, our sisters and sweethearts learn to smoke or to chew tobacco and to puff and slobber and spit to the end that they may thereby escape infection by the cholera-germ, and incidentally enjoy the delightful aroma of the "fragrant" weed which has been heretofore monopolized by hoggish male addicts of the narcotic drug.

Leaving all jokes and frivolity aside and viewing this matter from a rational view-point, it becomes obvious that every devotee of tobacco who resorts to the senseless and flimsy pretext of attempting to justify his slavish addition to the filthy tobacco-habit on the pretense that he smokes to protect himself from infectious diseases, admits that he is neither manly, sincere nor logical in his contention; while the medical man who resorts to such a silly subterfuge votes himself either a contemptible hypocrite or a monumental chump.. A man who is addicted to the degrading tobacco-habit may foolishly and absurdly contend that he uses tobacco himself as a protection against infection, but does not wish to see his wife and daughters become addicted to the use of the Virginia weed. Such an argument smacks of the "logic of the madhouse" and is a good specimen of pipe-dream drivel. While it is not denied that tobacco is antogonistic to bacterial or germ-life, the fact that it is also highly antagonistic to human life, as well as to all other forms of life, must not be overlooked or ignored. If it be admitted for the sake of argument that tobacco is capable of destroying so-called cholera germs, no reasonable person would think of resorting to so dangerous a prophylactic while there are at hand measures far more cleanly, more rational and much less dangerous whereby cholera infection may be successfully combatted.

Shallow-minded medical men resort to the use of alcohol as a supposed prophylactic against cholera infection, but such practices prove those who resort to them unfit to engage in the practice of medicine. The use of strong drink as a supposed preventive of infection is no more irrational and absurd, however, than is the use of tobacco for the same purpose. Both alcohol and tobacco are active narcotic poisons which have no rightful or proper place in the human body to which they are foreign substances. Whenever either of these poisons is taken into the human body, nothing but injury can reasonably be expected to result from their use.

THE USE OF TOBACCO A VICE AND A BARBARISM.

The use of tobacco is not only a filthy, disgusting and demoralizing custom, but it is a barbarism as well.

Barbarism is defined by lexicographers as "a savage man." *Ergo,* does it not logically follow that a custom which originated with, and was adopted from savages is a barbarism? The wily Indian of the forest taught his white-faced enemy to smoke by handing the seductive "pipe of peace" to his pale-faced foe. Since the stupid white man accepted from the savage red man the "pipe of peace" he has had no peace himself nor has he allowed anybody else to have much. The noisome stench of his pesky pipe and its stifling smoke hung like a pall over the nations and kept the people in a state of unrest, turmoil, discomfort and distress for more than four hundred years.

In return for the lethean pipe, charged with the deadly "fireweed," the white man handed the red man the Christian booze-bottle charged with the inebriating "firewater," the "damned stuff" which the mighty Ingersoll, in his burning eloquence, denounced as "liquid hell." That tragic exchange between savages of the forest and Christian men was a sad and impressive instance of exchanging one poison for another poison, one curse for another curse. The red man's treacherous and seductive "fireweed" proved itself quite as destructive and hostile a foe to the white man and his race as the Christian's firewater proved to the poor untutored Indian. Tobacco and alcohol, the twin curses of barbarism and civilization, have come down the corridors of time, hand in hand, destroying the peace, prosperity, health and happiness of the nations of the world. Alcohol and tobacco have ever been, and still continue to be the chiefest curses and greatest destroyers of the human family. The terrible injury which these fell destroyers have conjointly inflicted upon the human race beggars description and baffles computation.

IS SMOKING IN THE PRESENCE OF LADIES EVER PERMISSIBLE?

The absurd question, "Under what conditions may a gentleman smoke in the presence of ladies?" has often been asked but has probably never been more aptly and deservedly answered

than in the memorable words of the amiable and charming Princess Emilia, who, upon being asked by a presumptuous youth who was attending her in a promenade around the garden, "What should you say if a geutleman asked to smoke as he walked with you?" Promptly replied, "It is not supposable, for no gentleman would propose it."

The brainless cigarette-fiend who proposed the question did not venture to light his cigarette in Emilia's presence. She had so dexterously and so promptly parried his impertinent question that, although the rebuke was sharp and stinging, he could not even pretend to take offense at Emilia's ready retort.

What a pity it is that this stupid old world is not blessed and adorned with many such noble and refined ladies as Princess Emilia—genuine ladies of culture and refinement, possessing sufficient candor, courage, dignity and self-respect to enable them to resent the discourtesies and insults offered them by male pests of society who ignore the common amenities of life by unconcernedly puffing their stinking tobacco-smoke into the faces and nostrils of refined ladies and young girls in public places and at social gatherings. "But some ladies smoke," blurts out an addict of the Indian weed. Yes, and some "ladies" imbibe strong drink, such as wine, champagne, cocktails and high-balls; but what sort of "ladies" are they, and how does their evil example help the matter? Does any sane and sober person regard those indulgences in the "cup that inebriates" as accomplishments of a lady? Does indulgence in a social vice by a woman make of her a lady or make the vice more respectable? In the *Buffalo Courier,* of June 6th last, was published an extract from the charge of a Brooklyn judge to a jury in which the learned jurist strongly deplored what he described as the "evil example of society women who frequent fashionable hotels, drink high-balls and smoke cigarettes." In his several allusions to those female tipplers and smokers the learned judge did not once make use of the word ladies. He was too scholarly to make any such catachresis of speech. Women who indulge in the use of strong drink and tobacco are very far below the level of the true lady.

In gay Paris fashionably dressed females may be seen smoking cigarettes, but has anybody the temerity to contend that such women are ladies in the true sense of that term? How can the fact that some women smoke cigarettes change the situation? Does the fact that some women smoke make it more gentlemanly for a man to smoke with a lady beside him in a carriage or on a piazza? "But some ladies," we are told, "like the odor of a good cigar." Not many. The perverted tastes of the few women who profess a liking for the stench of tobacco smoke cannot justify the prevalent custom of male smokers who eject their tobacco-smoke indiscriminately into the faces of all ladies in general.

American girls seem to be woefully lacking in sense of dignity and self-respect by permitting their male escorts to indulge in the filthy and disgusting practice of smoking while in their company. It is no unusual occurrence that a pert tobacco-fiend is seen puffing a cigarette or a cigar while driving in the park or on the boulevard with his lady friend or while paying her a visit in the drawing-room of her home. Any young lady who has any respect for herself should strongly resent such an indignity as being a positive insult.

Tobacco-smoke is intensely irritating and offensive to the eyes, nostrils, larynx, bronchial tubes and lungs of those who have not become case-hardened to the poisonous fumes of the weed, and to become case-hardened is not an indication of strength or vigor, but is rather an evidence of perverted and disordered nervous function.

While it is not possible to cure our inconsiderate neighbors of their chronic drug-addictions, it is nevertheless our rightful privilege and our obvious duty to protect ourselves from the injury and injuries which the reckless addicts of tobacco are wont to inflict upon us through their evil and filthy practices. As citizens of a republic and joint owners of the common atmosphere, we, the one million men and fifty millions of women and girls of this commonwealth who do not use tobacco have the unquestionable right to insist that the addicts of the malodorous weed shall put away their cigars, cigarettes and pipes while in our company. Most male smokers are accustomed to treat ladies in public places with as little courtesy and respect as are usually accorded to barmaids in beer gardens or saloons. The confirmed smoker seems utterly unable to imagine that the stench from his "fragrant weed" which he incessantly puffs in public assemblies could be anything other than a fragrance and an aroma to all human nostrils. Tobacco-fiends seem never to have learned the truth couched in the trite maxim: "Every smell is not a fragrance." Prof. Burt G. Wilder, of Cornell University, recently coined the monosyllable noun "smogs" as a suitable appellation whereby to designate these "smoking hogs" (smogs) of the *genus homo.* It is a frequent occurrence that a "smog" with a lighted cigar clenched between his fleshless jaws and protruding from his cadaverous hatchet face comes swaggering along on the deck of a steamer where throngs of ladies and young girls are seated and unconcernedly blows his stinking tobacco smudge into their eyes and nostrils without so much as the scant formality of making an apology for his rank impertinence. Such a fellow is a veritable public nuisance which should not be tolerated in a civilized country. He should be

seized and put under restraint as an animal not fit to run at large.

The tobacco-habit is filthy, disgusting and pernicious. It is a national plague whereby the world is pestered and afflicted. It is an unmitigated curse devoid of a single redeeming feature. It has been condemned and denounced by every great philosopher who has ever passed judgment upon it. Ruskin declared: "Tobacco is the worst natural curse of civilization." Balzac, the prince of keen observers, wrote: "Tobacco besots the nations." Francis Bacon made use of these memorable words: "To smoke is a secret delight, serving to steal away men's brains." It also steals away their health, their morals, their money, and, at times, their lives. Victor Hugo expressed himself in these words: "Tobacco turns thought into reverie." Reverie is a synonym of "pipe-dream." Thousands upon thousands of men have heedlessly and recklessly sacrificed their health, their morals, their money and their lives on the altar of the nicotine-moloch. Such men as Emperor Frederick, of Germany; General Ulysses S. Grant, General Albert Pike, the lamented Mark Twain and thousands of other less distinguished men have been required to pay the extreme death penalty for their guilty indulgence in the use of the insidious and deadly nicotine.

Bismarck volunteered the confession to Jules Favre, that he (Jules Favre) could think more clearly than he (Bismarck) because Jules Favre did not smoke.

Sir Benjamin Brodie, M. D., the distinguished English physician and pathologist, on being asked the question: "Doctor, does smoking ever hurt one's brains," emphatically replied: "Never, my boy. People who have brains don't smoke."

PLACENTA PRAEVIA.

BY T. H. WILCOXEN, M. D., BOWLING GREEN, MO.

PLACENTA praevia is the development of the placenta, wholly or in part, in the zone of dilation of the uterus. Writers vary as to the number of varieties they make of placenta praevia. The most practical seems to be two, viz., lateral, which includes all cases not complete, and complete (centralis) statics vary much as to the frequency, but generally conceded to be about 1 in a thousand, while at the Boston Lying-in Hospital 1 in 239 is reported. New York Lying-in Hospital report 1 to 322. This, however, is accounted for by the large number of abnormal cases referred to the hospitals by physicians and midwives. My own experience would show about 1 to 250.

The cause of the faulty attachment has never been fully decided. Endometritis, relaxation of the uterine walls, are probably the chief causes. Webster gives three different sets of conditions explaining the occurrence of placenta praevia: Low implantation of the ovum; development of chorionic villi on the decidua reflexa forming a reflexed placenta; low implantation of the ovum with a reflexed placenta.

The most prominent symptom of placenta praevia is hæmorrhage. This may occur at any time after the formation of the placenta, but usually not until after the 28th week. The more complete the os is covered the earlier and more severe is the hæmorrhage. It is claimed by some authorities that early abortion is frequently due to this abnormal implantation of the placenta.

The first hæmorrhage usually comes without pain or any warning. May awake and find herself in a pool of blood, or it may be only a slight hæmorrhage and subside. The second hæmorrhage follows shortly, is more severe and more alarming, or it may cease and go to term, which is rather rare. The usual course is for each succeeding hæmorrhage to be more severe than the last, and if not controlled, to die from loss of blood, or to be left so exhausted and debilitated that they will die from anæmia, or they may apparently recover from the hæmorrhage and die from a heart clot or another hæmorrhage or anæmia.

Hæmorrhage occurring in the latter months of pregnancy without a reasonable cause is strong evidence of the presence of a placenta praevia. The diagnosis can be made certain only by feeling the placenta through the os with the examining finger. When the os is dilated sufficiently to pass the finger diagnosis is easy. While, on the other hand, if the os is not sufficiently dilated to admit the passage of the finger, the failure to find the placenta by abdominal palpation, a faulty presentation of the fœtus, and on vaginal examination inability to recognize the presenting part through the vaglnal vault and uterine wall, are suggestive symptoms, especially when associated with unexplainable hæmorrhage.

The treatment to be adopted depends on the period of gestation, amount of hæmorrhage, condition of surroundings and environment of patient. There is no single line of treatment for all cases. The surroundings of the patient, the life of the child, the condition of the mother, the extent of the praevia, the amount of dilation and whether labor has started or not must always be considered in outlining the plan of treatment to be pursued. When possible all cases should be sent to a maternity hospital, but in the country this is usually impossible.

When the hæmorrhage first appears it may be slight, and can be controlled by rest in bed until labor comes on, or is induced. The patient needs to be watched with unremitting care for a recurrence of the bleeding. For we must save all blood possible. "Save blood is the golden rule in treatment of placenta praevia." Should

the hæmorrhage be profuse, whether labor be present or not, we must quickly decide how to stop the hæmorrhage and hasten labor. If the os is dilated and head presents maybe the forceps can be applied, the placenta pushed to one side and the head brought down to serve as a tampon to stop the hæmorrhage, or, if breech mal-position presents, or impossible to apply forceps to head, do a version, and, grasping a foot, bring it down, using the hips for the tampon. Either the head or hips will make a tampon that will stop the hæmorrhage. With this done and hæmorrhage stopped there is no especial reason to hurry unless there is imperative indication for rapid extraction, but take time, especially if child is dead, to avoid laceration from which you might have a fatal hæmorrhage, or at least a partial field for septic infection, which is always a dangerous factor with a patient whose resistive powers are so muuch below par.

When we have an undilated os or one slightly dilated with a profuse hæmorrhage, we have an entirely different proposition. In such a case probably a tampon would be of much service, but it must be used with much aseptic precaution; can use a sterilized or medicated gauze, first plugging the cervix and then the vagina. These can be left from an hour to 12 or 15, or we may be able to dilate with finger if bleeding is not too profuse, or we may be able to use some of the rubber bags, either Barnes' or probably better Champeter de Rebes. In dilating the os we must remember that placenta praevia seems to make it easier to tear. The use of these take time and patience. Then when the dilatation is sufficient podalic version or forceps can be used to terminate labor.

There is another class in which the os is rigid and undilated, and ordinary means fails to stop the hæmorrhage, or in which the hæmorrhage is checked and the cervix fails to dilate, and recurrence of the hæmorrhage is imminent. In such a case Cæsarean section would seem to offer much.

After the delivery of the child and placenta it may be necessary to flush the uterus with a hæmostat or tampon with gauze to stop the hæmorrhage. Of course, any bleeding lacerations must be properly treated.

Will give short clinical history of the cases that I have met with. Mrs. K., age 38; called at 4 A. M.; on arrival found patient very much alarmed and lying in a pool of blood. From date given was probably six months pregnant. On examination found hæmorrhage stopped. No dilation of os, which was very high. History of having done a big washing the day before, also of a fall. Thinking it was due to overwork or the fall I instructed her to keep perfectly still, and that she would avoid a miscarriage. Last I heard of her for two weeks when her husband reported that she had another flooding spell, and wanted some medicine, which at first was refused on the ground that I had better see her, but he said if she was not better by morning I should call. About 9:30 P. M. that evening I was called with an extra request to come quick, and on arrival was glad I had, for there was the patient in a fainting condition from loss of blood. Hastily making an examination was amazed to find the afterbirth protruding through a well dilated os (P. P. C.). Starting to remove my hand the blood gushed like water from a hydrant; being no time to lose I went after the child, dissecting part of the afterbirth and pushing it back and to one side. I turned the child after the Barton-Hicks method, getting a foot and bringing down the hip to stop the hæmorrhage. In the meantime I had some of the good ladies fix some boiled water and vinegar, soon delivering the child and afterbirth all together; the cord was extremely short. The uterus failed to contract until I flushed it out with the vinegar water. The fœtus was dead (probably a seven months child). This patient was very pale and weak from the loss of blood, could not see any light; by this time assistance arrived and we gave normal salt solution in the breast, which I firmly believed saved her life. In just ten days she had another hæmorrhage, the cause I do not know; could find no signs of any afterbirth. There had been a soreness on her left side that disappeared with that hæmorrhage. Gave another normal salt solution, and from that on she made a rapid recovery.

Case 2.—Mrs. Y., age 35; second child; called about 8 P. M., found her flooding at times, pains weak and far apart. On vaginal examination found os dilated three fingers with placenta nearly covering the os (P. P. L.), but was easily pushed to one side. After proper preparations to meet any emergency I ruptured the waters and held the placenta to one side, applied the forceps and brought down the head to stop the hæmorrhage. After head was engaged I removed the forceps and let nature have her time, delivering a living child. Mother's recovery was normal.

THE REPORT OF A CASE OF HYDROCEPHALUS IN THE NEW BORN.*

BY EVA A. CONDON, M. D., ST. LOUIS, MO.

MRS. L., third pregnancy, previous ones all normal; seemed to go through gestation all right, although she had a presentiment that she would have trouble. I cheered her up as best I could, telling her not to borrow trouble, that if anything unusual occurred we would be there to meet the difficulty. Finally, when labor did set in, it didn't take me long to discover that I was up against a very serious propo-

*Read before the Missouri Institute of Homœopathy.

sition. However, it has always been my policy to give Nature a fair chance before interfering in these cases. Accordingly I assisted remedially and otherwise, making her as comfortable as possible until full dilatation had taken place, which was very slow and tedious. When the head was entirely freed from the uterus I worked with her a reasonable time. As I saw no progress being made I applied the forceps—when my real trouble began.

The head was so enormous I could not lock the forceps, and every time I got them adjusted, ready to assist with the next expulsive pain, they would invariably slip off on making traction. I kept this up in order to avoid surgical interference, if I could, until I saw my patient was becomnig exhausted, and there was no more time to lose.

I then summoned assistance, perforated the head, and drew off half gallon or more of fluid, then applied the forceps, crushed the skull, and after much difficulty succeeded in delivering the patient of a monstrosity such as I had never seen before nor since in private practice. The child was so badly deformed there was nothing normal about it, but its legs and arms; the ribs were twisted and bunched together into a shapeless mass; there was no spinal column, but a large triangular hole the size of a hand in the back, which brought the thoracic organs into plain view. The head constituted about two-thirds of the bulk.

My patient being a member of a family of pronounced tubercular tendencies, I watched her subsequent case very closely. She, at the time, had a very annoying cough. I didn't trust her altogether to a nurse, but, as they lived very near me I went in every few hours in the day; and with the aid of the indicated remedies, together with good care, inside of a month she had made a splendid recovery without one setback.

This has been some years past, and—so far as I know—she has not been sick a day since.

Incidentally, I would say, right here, that I formed the habit in my early years in the profession to give my patients Aconite and Arnica in alternation after delivery until after the third day, whether they seem to need it or not; if they didn't need it it didn't hurt them. If they did it was a timely precaution and saved me many an anxious moment—for I have never seen a patient have one moment's fever or any bad after-effects—no matter how serious the case has been.

I take the same precaution after an operation of any kind; the Arnica takes away the soreness and the Aconite prevents fever.

THE HYDRO-MECHANICS AND SANITATION OF THE BLADDER.*

BY O. S. RUNNELS, A. M., M. D., INDIANAPOLIS, IND.

THE bladder is a distensible organ with a capacity of wide variation. What it can contain on occasion has often been a matter of wonder. Strange to say the discomfort and inconvenience produced by excessive urine-retention have frequently been out of proportion to what the emergeucy would seem to call for. Instances will be recalled where bladders have attained vast proportions. In such cases it has been occasioned because of inability to heed nature's call, or because of pressure upon the urethra by stricture, tumor growth, enlarged prostate, etc., or because of paralysis.

Whenever such accidents occur there is an ever increasing volume of urine demanding storage; the toy balloon-like bladder distends and continues to amplify until its capacity or the ultimate limit of endurance has been reached. Following evacuations the tissues contract and resume their former proportions until distension has been again thrust upon them. What has occurred in this respect, within boundaries, can be repeated methodically with ever less and less disquietude.

All this is familiar experience, but the knowledge furnished has not been sufficiently utilized. Especially is this true with that large class of prostatic sufferers who are beginning to evacuate their bladders frequently, or as often as a small quantity of urine, in addition to the ever-present "residual urine," is accumulated. Every little while during the day and night such persons habituate themselves to micturate as if such frequency were necessary and unavoidable. Instead of training the bladder to maintain its distensibility such patients very early begin to incapacitate themselves by responding to the vesical call whenever heard and by draining the bladder of every ounce or half ounce of residual excess.

In this manner the bladder grows ever less and less tolerant and becomes a contracted organ. The retracting walls of the diminutive bladder thicken—become semi-cartilaginous—and lose their elasticity and accommodating power, making the call to urinate ever more and more frequent and insistent. Such bladders filled to their then limit have a size about that of a small orange and are not much reduced in size by evacuation, as the amount remaining in the bladder is ordinarily greater than that which is voided.

And now begins another chapter. Urine just excreted is aseptic but it decomposes readily upon standing. The stale urine of the contracted bladder is being diluted continually, it is true, by

*Read before Indiana Institute of Homœopathy, May 29, 1913.

fresh contributions from the ureters, but the quantity superadded is too small to effect radical change; the bladder is never flushed or thoroughly washed out and always unemptied becomes, like a neglected earthen urinal, ever fouler and fouler until its sepsis is rank and odious. In the living receptacle decomposing urine develops muco-purulent degeneration, cystitis, ureteritis and kidney infection. The prostatic portion of the urethra is especially vulnerable, and if prostatic enlargement is not produced by the complex it is very greatly aggravated thereby. The enlargement and bulging of the lobes of the prostate make a tortuous spill-way and interfere with the action of the sphincter vesicæ so much as to cripple its freedom. The seepage of septic urine into an area of pockets or cul-de-sacs causes what may be termed "swampy anatomy," thus accelerating already established pathology—microbic generation. The insistent teasing to urinate, the slow congestion of the tissues soaked as they are continually with old urine and the hypertrophy resulting are all factors of a syndrome very properly regarded as the catastrophe of men beyond fifty or sixty.

In view of all this, too much emphasis cannot be laid upon the desirability of a bladder sufficiently capacious to contain a normal amount of freshly excreted urine so that if residual urine is unavoidable it shall be so thoroughly admixt with fresh urine as to be negligible. There must be no stale and fœtid urine to make septic the urinal tract, and there will not be if the urine be sufficiently diluted and the bladder be thoroughly flushed several times during the twenty-four hours. Given a capacious bladder filled with the normal secretion and voided at intervals of six or eight hours and there will be no morbidity on that account.

The question now propounded is can such a normal condition be established and maintained? Is it a workable problem? Can a person fully informed so control his bodily habits as to insure this high state of sanitation? Undoubtedly. Given a distensible bladder trained to contain ten ounces or more without complaint, and it is only a question of habit to void it at intervals of six or eight hours, and to maintain that habit for a life time. For there should be just as much habit of regularity about urinating as about defecating or clock winding, inasmuch as none of these things can be done irregularly if good time keeping be a desideratum. All of these duties can be regulated as per time table, and should be interfered with as infrequently as possible.

Beginning in childhood the laws of bodily sanitation should be inculcated and correct habits established to be adhered to throughout life. Not only the bowels should be evacuated with regularity in order to avert constipation and auto-infection, but the bladder should be emptied as regularly in order to rid the body of sewage products in such manner as to maintain bladder capacity and secure the very necessary asepsis incident to thorough flushing four or five times per twenty-four hours. The orderly maintenance of this regulation will insure functional bladder ability to old age, and the morbid experiences chargeable to old urine always in storage will be a rare exception.

But this may be belated knowledge in many instances. The untrained and thoughtless sufferer may have acquired the habit of urinating every two or three hours during the twenty-four, and may be incredulous when advised to begin the methodical distension of his bladder by postponing micturition—tentatively and carefully at first—but ever more and more persistently until the six or eight hour interval has been attained, after which his dribbling will have ceased and the urine stream will have become full and forceful. In very advanced morbidity this may be a difficult or an impossible attainment, but there are not many cases that cannot be improved by the endeavor. In young life the acquirement of the regulations of bladder hygiene will be easy; in early maturity there is still but little or no difficulty in the way, and it is with those only having the organic change of more advanced life that the rule may not apply.

Of course, there will be more or less protest from a bladder wall that is unused to distension, but persistence will ordinarily prevail so that in a few days and nights the call to urinate will come only at the appointed time. The sleeping hours will be undisturbed and the laws of health, so far as the bladder is concerned, will remain unbroken.

What a little common sense, coupled with will power, can accomplish in this respect none can realize until he has put it to the test.

522 N. Illinois St.

VAGINISMUS.

BY FRANK C. STEWART M. D., INDIANAPOLIS, IND.

ON November 30, 1912, Mrs. W. consulted me at my office for relief from trouble suffered by her during the marital relation.

She was excited and in tears, nervous and greatly worried for fear her husband would become untrue to her because she could not be a "wife to him."

She gave the following family history: Father and mother living, also a brother. Father and brother healthy, but mother suffering of a tuberculous knee.

Her personal history discovered the following: Age 28; white and American born; the only daughter of well-to-do indulgent parents; married at 26; a girl baby was born one year thereafter.

At three months primagravida. An examina-

tion by her physician to determine her condition revealed an unruptured hymen, which he forcibly ruptured in order to complete his indagation.

Her pregnancy was normal from that time until confinement.

She was in labor thirty-six hours. I have no definite information about the cause, or causes, of her tedious labor. But delivery was completed by instrumentation, presenting a healthy girl baby.

She bled quite freely, so she reports, after delivery of the child, and continued to have a bloody discharge for two months after accouchment, showing there must have been severe damage done to the parts at time of delivery.

After a slow "getting up" she was not able to nurse her baby—had not sufficient milk. She was unable to dismiss her nurse or her physician because of headache, backache, legache, constipation, anorexia and a bearing down in pelvic organs and *general prostration.*

She was sleepless and nervous, fatigued and ambitionless, was spiritless and pale and bloodless—all of which was so different from her former self. As the months passed she improved but little.

After confinement the marital relation gave her distress and pain, and as time went on this distress grew in intensity, and finally, in its manifestations, other muscles were involved—not alone the muscles of the vulvo-vagina, but those of the thighs and hips and of the back. These muscles at this time were made to contract involuntarily and painfully. She finally became obsessed of the fear and pain brought on by this relation.

From a single point, or more, of irritation, the *effect* upon the adjacent nerves intensified and multiplied until her whole system had become involved. From a master rejure she found herself in the grasp of a master de facto.

In this condition, eleven months and three weeks after the birth of her baby, she came to me seeking help, and praying for relief that she might again "be a wife to her husband."

Upon the examining table her attitude was characteristic of those who suffer of vaginismus. While submitting to the very unsatisfactory and imperfect indagation given, yet she showed an attitude of self-protection from pain and suffering. Her knees and thighs were partially flexed, held close together and rigid, also the vulvo-cavernous muscles were tense and rigid.

Upon my touching, even though the slightest and gentlest, the inner thighs, or the external genitalia, she gave expression of pain. And when gently making a digital examination of the vaginal orifice she cried out with pain, involuntarily assumed the opisthotonus position, and manifested symptoms of convulsions.

I proceeded no farther with the examination, but told her she was in extreme need of orificial surgery—just what and to what extent I was unable to say until I should examine her under anæsthesia. And with her consent and that of her husband, we agreed that at the same sitting the complete indagation should be made and the required orificial surgery should be done.

I sent her to St. Vincent's Hospital, where she reported December 2 last.

In my pre-operative purview of all the obtainable symptoms, I made up my diagnosis as a composite one of vaginismus proper, and of the nervous phenomenæ that accompany these extreme cases.

She is a young, wiry, nervous woman; has had the advantages of educational training and social advantages, which she enjoys to the full, as such a sensitive, delicately organized woman can do; but when her evenly poised nervous system is damaged, physically, until it vibrates inharmoniously, then even the *joys* of life are a burden, and the *sweets* are bitter.

After twenty-four hours in bed and preparation at the hospital, the day her baby was one year old, under ether anæsthesia, the hospital staff and Dr. W. R. Stewart's assistance, I made a complete indagation, which revealed a hooded clitoris, the foreskin long and tight, the sensitive remains of the ruptured hymen carunculæ mystiformæ, a prolapsed uterus, prolapsed to the first degree, a bilateral laceration of the cervix, the deeper tear in the left antero-posterior angle. The uterus was four and a half inches deep, large, heavy and presented a patulous os uteri.

A large pile tumor of many years standing protruded from the rectum.

I began the orifiical work by forcibly dilating the vagina, first with my thuumbs then with Sims' speculum. I carried this dilatation to the point of paralyzing the vulvo-vaginal muscles.

I then drew down the uterus and dilated it quite fully, first with Hank's dilators, and completed the dilatation with Wathen's instrument.

I swabbed the uterine cavity with a gauze pledget dipped into pure carbolic acid, and at once followed this with a gauze swab dipped into alcohol.

As her labor had been only one year previous, I curetted the uterus more as precautionary measure than a necessity. I used a sharp curette. I did not pack the uterus as I desired free drainage.

I then removed with scissors the scar tissue from the lacerations; first, from the greater one on the left and then the right, exercising care to remove it all from the deeper angle of each, then coapting the left with four plain catgut sutures and the right with three.

The next step consisted in circumcision, removing the redundant preputial membrane and leaving the glans clitoris free and unpinched.

The free edges of the membranes, the skin and mucous membrane of the hood were brought to-

gether by nine plain catgut, interrupted sutures.

I next removed, with the scissors the highly sensitive, neurotic carunculæ mystiformes—nine in number—ranging in size from that of a number eight shot to that of a lima bean.

I used care in suturing the mucous membrane at the seat of the removal of each caruncula to leave no nerve ends uncovered.

I next dilated the rectum, and removed two papilli and the large pile tumor. This pile had given her great annoyance for years.

The parts were dressed with a vulvo-perineal pad which was held in place by a T bandage and the patient put to bed.

Patient recovered from the operation promptly and rapidly, sitting up the twelfth day and leaving the hospital the fourteenth day.

The husband and patient were instructed to not resume marital relations for three months.

Six months after the operation patient reports herself entirely well.

WHAT IS VAGINISMUS?

To answer this question, in a definition, is a difficult problem, because even in the classic case many factors enter into its production, and to differentiate causative factors is nigh impossible.

In my experience vaginismus unaccompanied by hyperæsthesia of the surrounding parts does not present for relief if it exists.

I presume a certain type of nervous system is essential as a *basic prerequisite* for this trouble, a highly sensitive, neurotic type. And as the immediate cause a point, or points, of local irritation must be present.

In the case under discussion there were several and widely separated offending local niduses of irritation, viz., the carunculæ, the neurotic remains of the hymen, the prolapsed, lacerated uterus, and the longer existing, offending prepuce, and the pathology in the rectum.

The two former might be classed as immediate causes, while the two latter might be considered remote or indirect causes.

I assume these conclusions upon the history of the time of the beginning of the vaginismus—beginning after her confinement.

From the extremely sensitive carunculæ mystiformes and the injured uterus as starting points, the disturbance spread to the dual nerves supplying these parts and adjacent parts until the muscles of all these parts became involved, hence the pain induced by the marital relation affected not *alone* the nerves and muscles of the original organs irritated, but many others; in fact, the patient's entire nervous system and mentality, in time, became involved, so that in reality from a master dejure she is in the clutches of a master de facto.

Hence removing the original cause or causes at this time would not have given the sufferer complete relief; nothing short of removing *all* of the sources of irritation, not only *primary* but also *secondary factors* would *cure* her and restore her to her husband a happy wife.

The Pennway, Indianapolis.

RETINOSCOPY.

BY BARRETT CONNOR CATLIN, M. D.,
BALTIMORE, MD.

WRITERS have dwelt largely upon the effect of eye strain with its manifest and latent results, but to my mind the eye yet is the long-suffering member of the body. To consider the great number of persons under forty years of age who have been fitted with glasses at this place and that, and yet who seem happy, it would appear impossible when scientific men hold that this work is one of the most important of any we do. The lower the error of refraction it appears the more productive it is of mal-function, because it would be easily overcome by ciliary action, and yet this very effect of overcoming tires the mechanism of the eye exceedingly in the hyperope and the myope, unable to use the ciliary to gain, he receives the full effect of irregular diffusion of poor focal imagery direct upon the retina. As Hartshorne points out, when we realize that one-fourth of all the cranial nerves are required about the eye, we can judge somewhat of the nerve force expended. And every day we see exemplification of this. He enumerates as contributing to this retinal irritation muscular fatigue, screwing of eyelids, elevation and depression of eyebrows, abnormal wrinkling, blinking, inflammatory conditions, enlarged pupils and photophobia. In all headaches it is now felt the eyes may figure. The digestive tract is often affected.

George M. Gould, in an article in the *Journal of the American Medical Association*, April 5, has some most illuminating points in regard to refraction. Thirty-eight retarded children were subject to study. Two-thirds of them had one-half vision. One practically blind now sees perfectly. There was evident deterioration of visual acuity because of the late fitting of proper glasses. One boy had no vision, had never seen anything but masses, was properly fitted, and on seeing a vase of flowers became hysterical. Others hard disciplinary problems became adept students and docile. Dr. Richards, the New York school physician and oculist, estimates 78,000 children there with defective sight. And the longer such work is put off the greater the chance of perfection.

Now with these few well known remarks interjected at the beginning, I wish to get down to ascertaining the facts in these cases. A girl came into my room at the Presbyterian eye clinic the other day, crossed-eyes most terribly. I found

she had 20/15 vision, and I supposed her a case for operation. Retinoscopy showed she needed 3 diopters hyperopic glasses. As a means of really knowing the measurement of the need of the eyes nothing is more certain, easily accomplished and quickly than retinoscopy. I do not consider it all the means, of course. But a sure aid.

The principle of retinoscopy is the finding of the point of reversal, the far point of a myopic eye, and if it is not myopic, lenses placed in front of the eye that will bring the emergent rays of light to a focus at a certain definite distance. It is accomplished by reflecting into the eye a beam of light from a small plane or concave mirror in a dark room, the pupil being dilated. Its advantages are definiteness, quickness, no questioning, or apparatus, and it is especially good in nystagmus, children, illiterates, amblyopia, aphagia, feeble-minded and to correctly fit any one under 40.

The modus operandi is simplicity itself. You move your reflecting mirror placed in front of your eyes 40 inches from your patient's eye, and as you move the mirror the light in the patient's eye moves with you or against you. In low degrees fast, in high degrees slowly. You place lenses in frame before patient's eyes until the movement stops. First, nullify vertical, then horizontal diameter. Deduct or add one to result and the correct glasses are placed in front and patient sees just as she should. Allow now for the mydriatic and you are through.

In nine out of ten cases you can work as follows:

A boy, 13, J. J., R. V., P. 335, sees:
O. D. 20/40.
O. S. 20/60.
With mydriatic:
O. D. 20/120.
O. S. 20/120.
Retinoscope:
O. D. V. + 2.25 H. + 5.
O. S. V. + 2.25 H. + 6.50.

A slight deviation is noticed in horizontal movement from directly up and down. Consequently we find:

O. D. + 1, = + 3.50 ax. 105° = 20/30 +.
O. S. + 1. = 4.50 ax. 75° = 20/30 +.

We drop the spherical + 1 and the boy we positively know is astigmatic and hyperopic to the extent shown. As one is perfected in this work and even before perfection so many times you can place just the right glasses according to age, etc., the first time you ask them to read at the 20 foot distance. Some men indeed use the method as an approximation without any mydriatic. I bring it to your attention, therefore, as one of the certainties of our work along with positive leucocytosis, Wassermann positive reaction, diphtheria antitoxin and X-ray vaccination. Accidentally discovered in 1859 it is a true scientific procedure. A case came to the oculist with three pairs of glasses from three other eye men. The first man had no idea of the need from his prescription as shown by his glasses, the second was "like unto it," the third made a mixed astigmatism in one eye and the retinoscope now used showed the man had mixed astigmatism in both eyes and was a real sufferer. No eye should be fitted under thirty without the retinoscope as a basis of the prescription, even though age, muscular balance, disease or other reason may cause changes in prescription from time to time.

GUIDING SYMPTOMS TO THE REMEDY WITH SOME EXAMPLES.

BY BERTRAM JOHNSON, M. D., AVANT, OKLA.

IN preparing this paper, the author has had recourse solely to the Organon and his own experiences. No doubt, therefore, many of you will begin at once to wonder how it can be of help or interest since the Organon is a century old and the writer's experiences in medicine limited to a few years. However, no apologies are offered. It is the best we can do and we will now proceed to do it.

In the first place let us consider what guiding symptoms to the remedy are. Are they not those manifestations of disease which lead us to the choice of the right or indicated remedy? These and no others will help us to effect a cure and after all is not that the most important part of our work; the result most desired by our patient? Let diagnosis and prognosis go for the present. Get your indicated remedy to working first and then make your diagnosis and in the majority of cases your prognosis, proportional to the condition present, will invariably be good.

Remember one thing in looking for the guiding symptoms, they will most likely be among those coming from the patient or attendant *unsolicited* either subjectively or objectively; as, for instance, the patient may say of his own accord: "It is queer, doctor, the pain in my back is so much worse when I am quiet or lying down. When I get up and move round it soon gets easy." Now that is an important symptom. You all know the remedy and yet how many times we are thrown off the track by soliciting such a symptom; since the majority of the patients, if asked, will say their pains are worse from motion as that is usual and natural and so we might be led to give Bryonia in such a case where, of course, Rhus was needed.

Again, our patient, when first seen, may be unconscious and delirious; we sit and watch him; he begins to mutter and to talk about his business, incoherently, perhaps, but generally rationally enough for us to interpret, and then, perhaps, he suddenly sits up in bed and wants to go home; sometimes may even get up out of bed and

try to dress and leave the room. You may not see this, but the nurse, mother or attendant will tell you of it on your visit. It is usual and so will come without your asking. It is, therefore, an important guiding symptom, or two in fact—talking of business while delirious and wanting to go home. Bryonia has them strongly. They were the guiding symptoms that led me to a cure of lobar pneumonia last September. It was a peculiar case, coming at the time of the year it did, and I am going to cite it:

The patient was a young man of seventeen years, whose work had been teaming in the oil field. One night, the latter part of August, he slept out and the following morning had a violent chill, with fever and sweat following, and the next day another chill. On the third day I was called to see him. It was extremely hot and I was having a run of malaria cases. I thought this case was one, although he had quite a cough and rapid respirations. The case was not clear to me, but it was my fault, I was thinking of malaria all the time; of the diagnosis you see instead of the remedy, and as many recent cases had called for Natrum muriaticum and this boy had chilling on two successive days about ten A. M. I gave him Natrum muriaticum also; instructed mother as to care and diet and left. The next day found him still worse and he had been delirious all night with temperature 105, and the delirium continued. I noticed he kept talking to his team of mules, whipping them up and pulling on the reins. Then his mother related how once, while she was out of the room preparing some nourishment, he got out of bed, half dressed and tried to leave the room to go home. That was my cue. Those were the guiding symptoms to Bryonia, all other symptoms fell in line. I gave him three doses of Bryonia 200th, in water, two hours apart, with plenty of Sac. lac. to follow.

Physical examination at this time revealed partial consolidation of lower right lobe of lung with moist bubbling râles all through right lung; left sided respiration at the rate of fifty per minute; cough tight; sputum bloody.

He remained delirious all that day and night, but the following morning was quite rational when aroused; consolidation had progressed but little farther; respirations were still 50, but he was resting easy and cough was more loose with sputum brownish color. From this time on he slowly improved until on the 13th day from onset he was sitting up with temperature and respiration normal. His recovery was not marked by any crisis and that is the way the right remedy always cures. Raue says, "When after the administration of a homœopathic remedy a crisis takes place notwithstanding, we may be sure that we did not 'hit' the case, and that the patient got well without our aid."

Another cas was that of a boy, seven years of age, suffering traumatic meningitis. He was having convulsions and when I arrived his temperature was 107°—by axilla. The convulsive seizures came on about every fifteen minutes; were clonic, but they always began in the fingers and toes and gradually spread over the body. That was the guiding symptom leading me to give Cuprum metallicum 1m, one dose. He had but one slight convulsion thereafter and in one hour his temperature was down to 103°—and never again went above that.

Another case was that of puerperal eclampsia at about full term in a primipara, twenty-two years of age. She also was having these same sort of convulsions beginning in fingers and toes and likewise was given a dose of Cuprum metallicum 1m. In her case, however, the seizures continued until finally labor was induced, forceps applied and she was delivered of twins, male and female. Two slight convulsions followed and she remained in a comatose state twelve hours and was six hours longer coming to a state of rationality following a dose of Opium 1m given upon the symptoms of heavy, stupid sleep, stertorous breathing, eyes part of the time half closed, hot sweat after convulsions. She made rapid recovery from then on and was up on the 12th day. The question may now be asked of what use was the Cuprum metallicum though given on guiding symptoms?

Well, of course, that is a hard question to answer assuredly, but it must be remembered we had a cause continually at work here so long as the fœtuses remained in utero and again we, perhaps, did not wait long enough to see what the full action of Cuprum metallicum was to be and also, perhaps, the potency was not right or the dose should have been repeated. Again, who can say if we had waited that labor would have resulted spontaneously? However, aside from all this I firmly believe the remedies were instrumental in her recovery; I wish to state that although in severe condition of eclampsia, with urine high in albumen before delivery, three days after labor not a trace of albumen remained; she nursed both babies from the start and both grew strong and healthy; she received no other medication than above given, no eliminative treatment and no Veratrum viride.

You will nearly always find your guide to the remedy among the rare, unusual and peculiar symptoms. Hahnemann says in the Organon, paragraph No. 153—"the more striking, singular, uncommon and peculiar (characteristic) signs and symptoms of the case of disease are chiefly and most solely to be kept in view, for it is more particularly these that very similar ones in the list of symptoms of the selected medicine must correspond in order to constitute it the most suitable for effecting the cure."

Another point to bear in mind is the mental attitude of the patient or his disposition and temperament. You know Dr. Tomhagen, of Chicago, is said to make most of his cures upon this view of the patient. In paragraph No. 213 of

the Organon Hahnemann says this, "We shall, therefore, never be able to cure conformably to nature, that is to say,—Homœopathically—if we do not in every case of disease, even in such as are acute, observe along with other symptoms those relating to the changes in the state of mind and disposition." Don't ever expect Nux to cure a patient whose disposition is mild and phlegmatic.

Gentlemen, time does not permit me to say the third of what I would like in order to bring forward great value of the Organon as a help to us in finding the right symptoms. In closing, let me say, that from my own experience I know of no one book except the Bible that will better repay careful study more than the Organon. That and your materia medica are your safe guides and anchors.

DIETARY IN PREGNANCY.*

BY MACLAY LYON, M. D., KANSAS CITY, MO.

JUST what the pregnant woman shall eat and what leave alone is a proposition which is put up to the physician quite frequently. And usually before he can answer his questioner, she details the various suggestions made to her by neighbors and friends. One has advised a vegetable diet on the theory of avoiding a too rapid growth of the bones of the fœtus. Another has recommended her to live on fruits and nuts, thus avoiding the poisonous effects of meat, and favoring the regulation of bowel action. And still others have suggested a mixed diet, paying attention more to the quantity, digestibility and manner of eating than the selection of a certain class.

I am rather inclined to favor the latter system. There are certain recognized contra-indications which are generally observed in albuminuria. Meat is left out of the diet at the first evidence of albumin in the urine. Likewise starches are reduced or banished in extreme intestinal irritation and excessive flatulency.

Considering the condition of albuminuria during the period of gestation it appears to be brought about by two causes—one natural and the other unnatural. The natural cause is the mechanical pressure on the kidney by the gravitant uterus. This may vary to great severity, but I do not believe that diet influences it materially. The other cause—the unnatural—is due largely to lack of elimination of the nitrogenous substances—an overloading of the kidneys in their function of filtration. Diet and habit will do much to clear up this class of cases.

I would not deprive the pregnant woman of meats in the first condition. Regulation of diet to obtain the best results in a nutritive value and for the comfort of the patient will suffice. A moderate and rational dietary with the nitrogens included will not endanger the patient who has albuminuria alone from pressure.

As to the second cause, the stagnant condition of the eliminative function must be changed. Elimination must be stimulated by all means. The fæcal current must move—urged a bit if necessary. The lungs must join the eliminating process by the use of increased action in the open air, more oxygenation. The skin, if inactive, must be enlivened by baths, massage, exercise, etc.

Then with the agencies of elimination working at top speed, help must come from the digestive tract. And this, in my opinion, is the key to the situation.

Now, if meat as a part of the diet is responsible for albuminuria, none but a fool would insist upon its use. But let us see if it really is the cause. Let us not condemn it without fair investigation. A large amount of the so-called "biliousness" in these cases is due to improper emulsification of the oils and fats in the digestive tract. The use of dextrinized starchy foods assists in the general disability by favoring fermentation and consequent toxæmia.

For instance, a patient with a dormant liver and weakened digestion might as well take poison from a spoon as to try to include in the diet any appreciable amount of eggs and toast. The yolks of the eggs will not be emulsified, and the toast will ferment and cause sour stomach. With this fermenting mass in the stomach only harm can come, resulting in pain and discomfort to the patient, if not actual danger.

My idea of a dietary for the pregnant woman would be a well balanced ration consisting of about a normal or usual proportion and amount of meats, breads, vegetables and fruits. I would eliminate those foods which ferment easily for the one who was subject to much gas in stomach and intestines, and would reduce meat somewhat in the presence of albuminuria and increase the extractives.

Further, I would urge that the evening meal be very light and composed of wholesome, easily digested substances. And as a dessert I would prescribe a walk around the block after supper.

I do not believe the choice of food influences the size or density of the bony frame of the fœtus.

But I do believe that many mothers in their frenzy to avoid such causes as might produce these results, deprive their bodies of that which is most needed for maintaining the vital strength, keeping the blood to normal strength and the organs and muscles in normal tone. Thus they sacrifice their strength, endanger their lives and too often give birth to a defective child, physically and mentally.

Suite 501, Bryant Building.

*Read before Missouri Institute of Homœopathy, Kansas City,

A CASE OF AFFECTIVE INDIFFERENCE.

BY SHELDON LEAVITT, M. D., CHICAGO, ILL.

FOURTEEN months ago I received the following letter:

————, Indiana,
April 3d, 1912.

DEAR DR. LEAVITT:—I have a patient who greatly puzzles me. I sometimes fear she has dementia; but do not feel like saying so to her friends. She has left her husband, who is a fine fellow. This, of itself, is not so strange an occurrence, but she has also left her only child, a boy of ten years, and insists that she feels no love for either. She is moody and greatly depressed.

At present she is with a brother here.

Do you suppose you could be of help to her? I might get her brother to bring her to you for examination, if you so advise.

Let me hear from you.

Fraternally yours,

——— ———.

To the foregoing letter I gave an encouraging reply and the patient appeared a short time afterwards.

I found her a woman of thirty-three years, short, thin, quiet and taciturn.

Her brother gave me her history, to which she added some items in answer to my questions. Her replies were laconic.

She had been in fair health, and a physical examination gave negative results. She had a mental experience like the present about a year before, but its duration was brief. She received no treatment for it. She confessed herself indifferent to both husband and son. The only mental trauma found on psycho-analysis was the pregnancy which produced the son, to which she was very averse. She declared that she ought never to have had it. Her reasons for such feeling were inadequate, if not delusional. She was sure the boy would never be normal in his characteristics, though she admitted that he was bright and healthy. She declared that she had never loved her husband, as a wife should, though she expressed for him the highest respect, and thought it a pity that he had been left to care for the son, alone.

"How long have you been away?" I asked.

"It is now about seven months."

"Do you see him occasionally?"

"Yes. At first he called quite often, but I guess he's getting discouraged."

"Do you think he loves you?"

"I know he does."

"Are you jealous of him?"

"Not in the least, and never was."

"Do you think he loves some other woman?"

"Oh, no. I've never thought so. He is a home-body."

"And yet you don't love him?"

"No."

"Do you love anybody else?"

"No. I seem to have no love for anybody."

"Did you realize that your state of mind is unnatural?"

"Yes. Everything seems different from what it once did."

"Do you feel the need of help?"

"I feel the *need* of it, but do not know that I can *get* it."

"You *can* get help, and I can give it you."

These words expressed not alone my mental opinion, but I felt an assurance of being able to do all that I said. *I never fail to help a patient when I have this sense of confidence.*

"All I ask of you," I continued, "is to assure me that you will co-operate heartily with me in the effort. Will you do so?"

Her answer was short, but positive.

"I will," she said.

It was arranged that she should return home with her brother, as she had not come prepared to stay, and then come back within a few days. The brother's wife was to accompany her.

The treatment consisted of pure psychotherapy.

Nothing unusual occurred until she had been coming to me daily for about three weeks. I rarely asked her how she felt, as she returned to me from day to day, but made it a point to impress her with the conviction that deep down in her nature a change was surely being wrought, which might not at once manifest in the field of her immediate problems, but which would ultimately work a transformation. She had been coming to me for about three weeks, I say, when she volunteered the information that she was changing in her feelings. She said she felt better in every way.

"It does me a world of good to hear you say that," I responded. "Do you begin to feel a mother's sentiment for the boy?"

"Yes," she answered, with a steadier eye than I had before seen, "I have a better feeling than I've had at any time."

She entered into the conversation freely and interestedly.

"Now," I said, after we had talked for a while, "I'm going to suggest something to you, and that is that you write the little fellow a good letter."

"Isn't that singular?" she inquired. "I had thought of doing so this very day."

"Then do so, while the impulse is on."

I could discern in my patient a greatly changed spirit as she left the office.

A few days later she told me that she had a fine letter from the son, and seemed much pleased. I thought it a good occasion for probing deeper.

"Tell me," I inquired, "how do you feel towards the husband? Aren't your feelings changing?"

"Yes, doctor. I think he has been very kind and patient with me."

A woman is powerfully touched by kindness, especially when it is founded on a man's special regard.

"Have you written him at all?"

"Oh, no. I haven't written him a letter for years."

"Don't you think he'd be glad to get a direct word from you?"

"He'd be delighted."

I felt that a crisis in her thoughts and feelings had been reached, and that this was the psychological moment for pressing her to action.

"Then why not write him?" I queried.

I was not surprised by the reply she made, nor did she hesitate to make it.

"I intend to write him to-day."

A few days later she said she had received a reply to her letter.

"Was he glad to hear from you?" I asked.

"Delighted;" she smiled.

I suggested that she write him to come up to Chicago with the boy, remain for a few days and then take her home.

"Am I ready to go?" she asked.

"You will be ready in a few days."

He came up with the boy in response to her invitation. The three of them called at my office in company, every day, and I never saw a happier family. The boy proved to be a keen-witted little fellow, such as any parent ought to be proud of.

Remember that was a year ago when I say that the happiness of the first week has continued. *The restoration was perfect.*

THE GALVANIC CURRENT

BY J. A. BURNETT, M. D., HARTSHORNE, OKLA.

ON page 64, *Philadelphia Journal of Physiological Therapeutics,* June, 1913, Dr. Louis von Cotzhausen says:

"The five electro-therapeutic currents are the galvanic, faradic, sinusoidal, static and high frequency. If you cannot have but one by all means get the galvanic, as it can replace all the others in a pinch, and besides do things they won't.

This coming from the one it does makes it worthy of consideration by all who are interested in electro-therapeutics. When considering the galvanic current one will become interested in cataphoresis. There are many drugs that can be forced in the system with the galvanic current. Oils and fats are non-conductors of electricity, and, therefore, it is useless attempting to cataphorese a drug through the skin until all oily secretions or fatty applications are first removed by cleansing the area well with alcohol or ether. In cataphoresis turn the current on and off gradually or the patient will experience unpleasant shocks, especially where strong currents are being used. If the current is turned on gradually the increase of it will not be so perceptible to the patient and a much stronger current may be used than would be the case if the increase was suddenly applied. I will state here that in the *Wisconsin Medical Recorder,* July, 1906, is a valuable article on "Cataphoresis," by Dr. G. G. Burdick. What Dr. Burdick says about fistulæ ano and hæmorrhoids in this article is of much value to all that are interested in either electro-therapeutics or in rectal diseases.

In discussing electrolysis, Dr. W. H. Cooks says: "Hemorrhoids not inflamed may be destroyed by seizing them with small forceps attached to the positive pole and plunging the negative needles into the tumor. Waiting five minutes they will turn white and be destroyed."

Dr. Philips said: "Where there is a failure in the secreting power of the liver or a defective action of the gall tubes I have repeatedly seen from galvanism the same effect on the biliary system which arises from calomel; a copious bilious discharge from the bowels coming on a few hours after the employment of galvanism."

"One of the most important and curious of the physiological properties of the galvanic influence," says M. Donavan, "is its power over the peristaltic motion of the intestinal canal and the consequent evacuation of the fæces. This power over the peristaltic motion denied by Voltar was, I believe, observed by Grapengiesser, but the resulting effects were discovered by M. Le Roy d'Etolle."

"Costiveness in the bowels," says Sturgeon, "however obstinately it may resist the usual remedies, very soon yields to the galvanic treatment, and by a similar process constipation generally may be readily vanquished."

I find that the majority of electro-therapeutists of the present day deny that the galvanic current has any effect on the liver or as a purgative.

There are many things that can be accomplished with the galvanic current. It will pay all physicians to study the galvanic current, as it can be used from batteries and is portable; it can be used in the country as well as in the city, as one does not have to be in reach of an electric light current.

HYPERCHLORHYDRIA.

BY J. C. DANFORTH, ANN ARBOR, MICH.

HYPERCHLORHYDRIA is a condition caused by hyperacidity of the gastric juice. It is of hydrochloric origin, whether that acid be free or combined with the elements in the stomach. Occasionally one may find upon examining the stomach contents, in those suffering from hyperchlorhydria, a large quantity of organic fermentation acids (buytric, acetic and lactic). This is frequently met with in pyrosis.

The sensations experienced by those suffering with this condition are eructations of hot fluid in the mouth, intense burning pains in the stomach

and œsophagus. The point where the greatest burning occurs in the œsophagus is just behind and at the lower level of the sternum. The symptoms are aggravated about as soon as the stomach becomes empty, and, in most cases, when the food is taken into the stomach relief is at once felt. Often at the periods of aggravation there is a sensation of rawness in the mouth.

Nothing as yet has been proven as to the cause of the irregularity of the secretion of the hydrochloric acid, but it is sought in reflex actions, sometimes distant from the stomach, as ulcers of the duodenum, biliary calculi, latent appendicitis, etc. It may occur from the influence of dietary errors, alcoholic drinks, or any exciting substances. In such cases milk and a little bicarbonate of soda will suffice to neutralize the acid and calm the attack. At other times the trouble comes in paroxysms daily; the pain and burning appear two or three hours after meals, and are relieved by the following meal or by the ingestion of some liquid to clean out the stomach. Again, it may be continuous, and it is this which constitutes the disease of Reichmann.

By homœopathic treatment the trouble is usually successful, and the commonest drugs indicated in its treatment are the following: Robinia, Capsicum annum, Conium, Magnesia phosphorica, Chininum arsenictosum, Argentum nitricum, Hydrastis, Anacardium, Nux vomica, Natrum muriaticum, Arsenicum, Pulsatilla, Ipecac, Iris, Sulphur, Carbo vegetabilis, Lachesis, Grindelia and Lycopodium. (The indications for these drugs are given later.)

The examination of the vomited liquids or the contents removed by the stomach tube after a test meal reveals an excessive acidity due to the presense of free or combined hydrochloric acid. An excessive amount of pepsin is also found. Albuminous substances are completely digested, but hydrocarbonaceous substances are not, because the ptyalin in the saliva does not saccharify them in presence of too much acid.

For chemical treatment the use of alkalies to neutralize the acid is important. In light cases one may employ bicarbonate of soda or Vichy pastilles, which may be taken immediately when the gastric pain shows itself. In more severe cases a mixture of soda bicarbonate, prepared chalk and magnesia forms an insoluble coating upon the mucous membrane of the stomach and prevents irritation.

As to diet, the meals should be frequent and light in order to prevent the accumulation of the acid. Meats in relative quantity, except pork, salt meats and prepared meats, should be eaten. Eggs, slightly cooked, gruels, certain green vegetables, milk should be the principal articles of diet. Pure water is likewise very useful to clean out the hypersecretion and to hinder the irritation of the mucous membrane. Light beer, weak in alcohol, is permissible. No acids, alcohol, coffee, pastry, soups, fresh bread, etc., are to be eaten.

The indications for homœopathic therapeutics are as follows:

Robinia 3x.

Acid dyspepsia with weight in the stomach and eructations of a sour fluid; fluid so intensely sour that it sets the teeth on edge.

Conium 6x.

Amelioration from eating and aggravation a few hours after meals; patient complains of acidity and burning and always indicates the level of the sternum as the painful spot; patient eats for relief of pain, not because he needs it.

Magnesia phosphorica.

Burning of the stomach; eructations; abdominal tension and constipation.

Chininum arsenicosum.

Intense desire to drink which is not borne well. Satiety after a few mouthfuls of food; belching of gas and food seems to lodge behind sternum and is finally vomited undigested.

Argentum nitricum.

Violent efforts at belching gas which rises to a certain point when a sudden spasmodic contraction prevents its escape, but is finally expelled with loud report. Radiating pains relieved by pressure. Gastralgia.

Anacardium.

Faint feeling one or two hours after eating; sour eructations; all symptoms relieved by eating; violent gastralgia and urging to stool which passes off on going to stool.

Hydrastis.

Sinking in the stomach; weakness from diarrhœa for a long time; atonic dyspepsia; eructations and some nausea; large flabby slimy tongue.

Pulsatilla.

White coated tongue; dry mouth and no thirst; there is a sensation of fulness after eating and stomach feels as if ulcerated; distress comes on about two hours after eating, also shifting flatulence. This remedy is more strongly indicated if these symptoms are brought on by eating cakes, fats, rich and greasy foods.

Lachesis.

Food becomes excessively acid in the stomach.

Petroleum.

Gastralgia and pyrosis relieved by eating; aversion to fat foods and to meat.

Capsicum annum.

Burning in the mouth, stomach and intestines; in giving this remedy the mucous membrane

along the digestive tract is irritated and an increased secretion is provoked.

Natrum muriaticum.

Violent thirst, waterbrash and a feeling of weakness and sinking in the stomach; aversion to bread.

Carbo vegetabilis.

A very important remedy. Great burning in the stomach extending into the back; distention of the stomach and bowels; temporarily relieved by belching; flatulence often gives rise to asthmatic breathing and dyspnœa.

Nux vomica.

Abnormal hunger or impaired appetite preceding attack of dyspepsia. Bitter, sour eructations which are painful; also nausea; patient thinks if he could vomit he would feel better; pains come on about one-half hour after eating, starting in the epigastrium and radiate in all directions.

Ipecac.

Nausea and vomiting which are followed by exhaustion and sleepiness; trouble arises from fat food, pork, pastry, candy, etc.

Iris.

Severe burning and distress in the stomach; vomiting of excessively acid material with distress over the liver.

Arsenicum.

Burning, griping pain in the stomach; vomiting with great prostration; patient even vomits water as soon as it becomes warm in the stomach; gulping up of burning water is a prominent symptom.

Bryonia.

Food distresses patient as soon as he takes it; it lies in the stomach like a hard load.

Sulphur.

Bitter taste in the morning; putrid eructations; satiety after a small quantity of food; there is a desire for sweets which make him sick, causing a sour stomach and heartburn. Canine hunger and craving for spirits.

Grindelia.

Corresponds to a paresis of the pneumogastric nerve with asthmatic troubles and hyperæmia of the gastric mucous membrane.

Lycopodium.

Desire for sweets which is preceded by ravenous hunger; satiety after a few mouthfuls; sour taste, sour belching and sour vomit. Belching of gas does not relieve. .

PASTEURIZED MILK.

BY NATHANIEL V. WRIGHT, M. D., BALTIMORE, MD.

MR. CHAIRMAN and fellow members, I want you all to feel kindly disposed towards me and so I will start to gain your good will by saying that this paper is very short. Contrary to what should probably be expected on such an occasion, I have avoided technicalities. The subject is one in which we should all be very interested, not only as practitioners of medicine, but as good citizens. While it has been my pleasure and good fortune during the past twelve years to listen to many interesting and learned papers in these meetings this is my maiden attempt to interest you, and I crave your indulgence for what I lack. I will say nothing new nor will I teach you anything. I endeavor simply to call your attention to some few facts which, through the familiarity that breeds contempt, you possibly have failed to have any special attention directly.

Personally I do not believe that we should have to Pasteurize milk. I am almost of the opinion of the small boy who said he would "just as soon eat a menagerie as a graveyard." But our babies must have their food supervised for them, and under the present conditions we have little to choose except Pasteurization—so let us see that this act is carried out effectively.

Milk being such a universally used food, both in health and sickness, we are always interested in anything that might be said on this pleasant and generally easily digested God-given article of diet. When, however, we let our minds dwell for even so short a time on how few babies are not deprived of their birthright of mothers' breast milk the most generally used substitute of cow's milk is linked in our minds immediately with the alarmingly high death rate of infants. Statistics tell us that one-third of the children in the United States die before their fifth year, and nearly 90 per cent. of these deaths occur before the milk diet stage has been successfully put behind them. And "acute milk poisoning" is what many of us sadly and too often write as the cause of death in our health department reports.

Ordinary cow's milk of commerce is probably the single glaringly flagrant exception to the almost universal improvements in the gathering, handling and marketing of the world's food stuffs. Up to a very short time ago the conditions surrounding this commodity had retrograded to an alarming extent from what our primitive ancestors practiced. Prior to, and in the early days of history, the lack of congestion for both man and beast contra-indicated the pollution of milk to the extent that is characteristic to-day. The height of ridiculousness to the average farmer is to be told that it is more important to keep his cow clean than to keep his

horse clean. The average cow stable, if not used also as a common housing for horses, sheep and pigs, is the filthiest building on the farm and least often cleaned; in fact, the claim is made and substantiated that the "cow-ey" taste so often thought to be a sure indication of fresh milk is due alone to the particles of cow manure that have fallen into the pail from the dust of a dirty stable and to the larger power milk has of absorbing odors. Add to this the lack of care generally used in the (socalled) cleansing of the different receptacles. In attempting to trace the etiology of an epidemic of typhoid fever how often do we find that milk cans and pails have been washed in the water of an infected well.

And even if not more prolific of disease the most disgusting of all is the filthy hands and habits of the men who milk the cows. The act of milking is greatly facilitated by moistening the fingers of the milker of the udders of the cow. This is generally accomplished with the aid of saliva or by dipping the hands in the bucket of fresh milk. Under these circumstances is it any wonder that so many as 5,000,000 bacteria are often found in a single cubic centimeter of milk when it is landed on your front doorstep? Among these germs have been found those of tuberculosis, scarlet fever, measles, typhoid fever, cholera and almost all of the pickpockets, highwaymen and other thugs of the bacteria world, and in contrast to this milk that is extracted under moderately clean conditions may, after forty-eight hours, contain only 1,000 germs, and those not necessarily of a harmful character. These harmless—or rather let us call them necessary—germs will be mentioned later.

In recent years scientists, philanthropists and even a great many other laity have begun to interest themselves and the health authorities in the great problem of securing harmless milk. These movements, I am very happy to be able to state, have generally had their inception in the different medical societies. Milk is not only a vehicle but a very efficient culture media for bacteria life, therefore the sooner that milk can be used after its extraction the less liable it is to transmit disease. The problem thus confines itself to the milk supply of the larger cities. Over 2,000,000 quarts of milk are daily shipped into New York City, and some of it travels thirty-six hours before it reaches the consumer.

Even most of the laity know that boiling will kill the bacteria life, and *we* know that boiled milk is, to say the least, very indigestible. When milk is boiled the lac albumen (which is similar to serum albumen) is coagulated by high temperatures rendering the milk viscus and giving that unpleasant flavor so characteristic of boiled milk; the albumen is rendered less soluble and consequently less easily digested. A heat above 165° F. destroys the starch digesting galacozyme; this is a serious loss to the young infant whose saliva is yet unable to digest starch. The milk sugar is changed or destroyed and the fat (or cream) is formed into large drops that must be re-emulsified by the digestive system before it can be absorbed. Besides all this the feeble power that raw milk possesses of resisting germ life is entirely taken away by boiling, and so unless used immediately after boiling or unless placed immediately in an air-tight receptacle the germ life will start swarming with a thousandfold renewed energy. Our wonderful brother Pasteur discovered that by raising the temperature to less than 170 degrees (some health authorities allow as low as 140 degrees) a great many of these harmful conditions are avoided and the germ life is nevertheless destroyed. Pasteurization for a while was (and in some communities still is) the hue and the cry. Where Baltimore has a standard for a minimum for cream allowed a great many cities have established (and enforced by a system of espionage) a minimum of bacteria allowed per c.c. of milk. A bacterial count of 100,000 germs per c.c. is considered evidence of unclean methods or dirty milk. Boston allows 500,000, while New York is more drastic with 30,000 as the standard.

The receding wave characteristic of reform, as of everything else has uncovered so many glaring faults of Pasteurization as generally practiced that a general slowing up if not a full halt is being called for all along the line. The enormous cost of establishing complicated machines to Pasteurize milk on a large scale threatened to eliminate the small dealer, but above even the cost stands the question: "Is the milk really being Pasteurized?" A point that I failed to mention when speaking of Dr. Pasteur's discovery—but a point with which I know you are all familiar—is that to destroy some of the pathogenic bacteria the milk must be left at the temperature specified for at least twenty minutes. How many Pasteurizing machines, where gallons and gallons of milk are poured in one end and continuously taken out at the other end keep all of the milk sufficiently long at the proper temperature without raising some of it to too high a temperature, or else not sufficiently hig to destroy all the germs?

The lactic acid bacteria, which arrest putrefactive action in the human system, are destroyed in a very short time of heating, and consequently some of the so-called Pasteurized milk may not taste sour and still be in a state to be a fit morsel for our Maryland buzzard.

The solution—still a long ways off—seems to be to go back and start—but not stop—at the fountain head of our milk supply. Educate the dairy farmer and his assistants; put forth all our energies towards the enactment of (not city ordinances so much) as state or even national laws. Let us raise a cry, not killing the bacteria after they have gotten into our milk; don't join the rabble and cry "Pasteurize," but let us say, "clean, healthy cows, clean, light and airy stables, clean milkers and clean receptacles, and then when it

does enter our city gates we will still have our hands full to see that it reaches our mouths and the mouths of our babies in the condition that the great Creator intended it.

DR. HOYLE'S ADDRESS AT GHENT (AFTER DINNER).

Mr. President, Ladies and Colleagues:

At this hour I can but ask for very few minutes of your time, as many others must desire to express their appreciation of your reception of this Council, and the work that you have been able to accomplish.

Briefly, I can but allude to this Congress as one of one hundred surprises and one thousand joys and pleasures, all of which I am sure you will say voices "success" at the hands of our good Belgium colleagues, who have "made good," as we say in U. S. A., what they promised at Zurich through Dr. Samuel Vanden Berghe.

One of the greatest "surprises" is to find what Brazil has been able to do. She takes the place of the second nation, homœopathically speaking, for she has obtained the recognition of their national government, and now enjoys a state homœopathic collegiate training school.

Brazil's success and your success has not been accomplished without work and much of that. I know something of secretarial and organization labors, and I think we all agree that the work of the Belgian society's secretary, Dr. Samuel Vanden Berghe, must have been enormous, as we can bear witness to its successful issue. So in recording this "success" let us pay our heartfelt respects to him, and none the less to one and all of the Belgian Society here present.

Before we part I should like to say a word direct from the Council. As I said at Zurich, the enthusiasm of the council chamber may be deceptive. To crown the efforts of this Congress still requires much labor at the hands of the Belgian Society. The deliberation of any congress can but arrive at "conclusions and promises," the requirements of this or that "locality," and perhaps to encourage various lines of action.

This has been done to the pleasure and satisfaction of all. But there is still stern work to follow, without which all the Congress work will fail in its object.

We now sit under the shadow of Samuel Hahnemann, whose marble bust is so well elevated on the stage overlooking this banquet table.

His message to us now is just as insistent as when he wrote to his dear disciple, Dr. Stapf, and which is recorded in Dr. Bradford's "Life and Letters" of our master.

His command, then, was that his followers should go forth and *fight* and fight hard. Why this energy and fight?

Is it not that we have thousands, nay tens of thousands, of lives at stake in the palms of our hands, depending on whether and how we obey or neglect this command?

This is no flight or fancy nor figure of speech as our statistics which are unchallenged *prove.*

Then your fight and the Council's desire is that our Belgian colleagues take advantage of the enthusiasm which was certainly the keynote of the public meeting on Friday, and I may say here that I have never seen a more representative gathering nor one intellectually better able to grasp the portent of our insistent message.

We are witness to being told in that lecture hall, after the address of earnest and heartfelt expressions from certain high dignataries and officials, that they were ready to help, and would be delighted to do so.

It but remains for your society to take advantage of those generous and manly offers (perhaps I should add that expressions of this help was uttered by both sexes). They remember that our cry and meaning is that our efforts are to *save* scores, hundreds and maybe thousands of lives *impossible to allopathy,* as witness our uncontradicted statistics. . . .

Reference to our work in the U. S. A. will prove that there is sufficient precedent and warranty that this work is worthy of any civic and even national action and aid, to any project put forward by our Belgian colleagues for the advancement of Homœopathy in Belgium, and this message and warranty may be extended to any other country.

One word of caution also uttered by me at Zurich—there must be union and unity of our homœopathic forces, which must not be lost by any one man's pertinacious action; not that I expect to find any such action in Belgium, still my many years of international experience has taught me that "secret obstructive personality" and lukewarm support is often more dangerously subtle and detrimental to our cause than some violent opposition. I have instances of this in my mind, locked up for the present, and which can always be traced to some personal interests, so let your and our watchword be—*Union and unity is force, and the public welfare is the object of all true Homœopaths.*

We should remember that *others* have so well organized their forces that we have been kept out of our own for 117 years, which should provide us with a concrete instance of "union and unity." So let us take a leaf out of our enemy's book, and be just as united as they are, and that we should bring the message that we are vitally concerned in the welfare of the public at large to every legislator and municipal officer in the world.

Another point that I would make is that you must get many of the enthusiastic ladies who

were present at Friday's "public address" to form "Ladies' Committees," and such should see that at every address in every city there should be a collection of money for some "cottage hospital," and which sums, however small, should be placed out at compound interest, as they are doing so well at Stuttgart, in Wurtemburg and where these small amounts have already bought a suitable site of land, which is increasing in value, and which originally cost 100,000 marks, and they have now also in hand some 30,000 marks towards a fund of six figures when they will begin to build a hospital, but this plan need not be practically followed, as any community can easily start with a modest "cottage hospital" of from four to six beds, say, for children, which always command the greatest sympathy.

Men will always be found to undertake the professional work of such places when started; only these "Ladies' Committees" must take all other work off the doctors' hands. The physicians' labors must be reduced solely to the professional duties, and all maintenance be undertaken by the lay committees.

May I suggest here that it is not necessary for any layman to wait until his or her "will" is read after his or her "demise" to endow or help such a philanthropic cause. If such give as they are able early in their "earthly career" they will enjoy life all the more in witnessing the results of their work for humanity.

There is actual superbly healthy enjoyment in thus working for those who are less fortunate in this life. Work for the sick "poor" *early and often* is nature's truest nobility.

Here, then, is the work laid out for these "ladies' committees."

The homœopathic medical societies must singly, or better, "collectively," systematically approach every civic authority and national legislator on any and every occasion, never taking a "rebuff" nor accepting silence, for the time will come to us, sooner or later, when we shall be recognized. It is our work to hasten the epoch when the governments of the world will be eager to USE Homœopathy as of an economic value to the state.

In this endeavor to interest the state we are not seeking self-advancement, as all Homœopaths have all they can do. It is that we desire that others should find the same advantages which we enjoy and can give our patients. We think that more power can be given to any society's work by working with or using the name of the International Council, remembering here also that it is a "world movement," and the Council are impersonal in their claims and aim. We seek not to command but to implore; we seek to aid local societies, never to supplant them, and the urgency of the message, "that *we are in the world to save life,*" surely will absolve us of any motive of "officious intrusion," remembering that our "brief span of life and activity" will very soon be over.

None but the most "unworthy" will ever impute such motives to the Council.

It is the "collective force" to be obtained from an international appeal, and with the agreement of international wills, that we offer you for your aid, and this is done with the utmost humility, whatever is or may be said to the opposite, now or at any time.

We place at your disposal the "moral force and the objective lessons" which may be obtained from the nations where Homœopathy is at present most advanced, for all will admit that there are such countries where we are more prominent. It is the "strong helping the (homœophatically) weak," which is but an honorable and legitimate course.

We shall hope to hear great things next year from Belgium, and that you have been fortunate in presenting your case before the highest in the land.

The work of your society for the advancement of our cause has not stopped at the "mental" feast, it has culminated in a grand feast for the body corporeal. In glancing at the handsome and very substantial menu card we note that it "is above suspicion," as I do not find "rabbit" served up in any form. (Laughter. As this is an allusion to the rabbits which provided some wonderful experiments earlier in the day.)

But I call your attention to the beautiful frontispiece on the menu, the illustration of the "Hahnemann Monument" at Washington, D. C.

This speaks very forcibly to one and all of our revered "President-actualle," Dr. James H. McClelland. This "monument" may be said to be *his own work*. He it was who fought for many years, facing, sometimes we may suppose, that terrible "lukewarmedness" that I alluded to before, and which is *so very trying* (and sometimes fatal when the "cause and the man are not quite right"). It was *our* "Dr. McClelland" who wrested this triumph from the Federal Government at Washington, D. C., and he it was who was the "mainspring" in collecting the necessary funds therefor.

Hahnemann is the only physician ever thus honored by the Federal Government of U. S. A., which is something for us *all* to remember.

So this engraving on the front page of the menu should touch the heart of every one of us, and let our thought waves at this hour penetrate even so far as his mind, and tell him that though absent by grave illness, we are with him in spirit, and send him our "God-speed."

Au revoir, aufwedersehen, hasta lluego, which expressions we English are forced to "borrow" in order to convey what we hope.

E. Petrie Hoyle,
Hon. Secretary and Treasurer I. H. C.

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FROM THE SUBSIDIZED PRESS.

FOR some time physicians of the homœopathic school have been leaving that school and coming back to ours." (An allopathic physician in *Denver Times*, July 16, 1913.)

"There is very little difference any more between a Homœopath and an allopath." (*Ibid.*)

"The Homœopaths are losing their adherents in large numbers, and sooner or later they will all join us and there will be but one school of medicine." (Another allopath in same periodical.)

"It is becoming so that you very rarely hear of a Homœopath any more. There was a time when you heard of little else.." (One more Colorado allopath's opinion.)

"Don't under any consideration call me an allopath. We don't recognize any such word or any such school." (Another sensitive allopathic physician of Colorado.)

The turning down or tabling of Dr. H. R. Stout's resolutions published in the last issue of the MEDICAL CENTURY was the occasion of the article in the *Denver Times* from which the foregoing quotations were taken. It is asserted that the action taken by the Institute was "a sign that the Homœopaths are turning to the old school which they left under the guidance of Hahnemann about seventy years ago." Another Denver newspaper published in large head lines these words: "Homœopaths Seek Recognition By Regular Practice."

How much stronger the Institute and Homœopathy would have been had the resolutions been passed. We are now looked upon as a cringing lot of physicians without lime enough in our back bones to whitewash the heads of those few of us who are bald, and justly so, too, we believe. If the allopathic organizations can say to us as they do, abjure Homœopathy, agree not to practice sectarian medicine and you may become one of us we have not only the right but it is the imperative necessity for us to tell all who thus recant and abjure Homœopathy to get out of our societies. There will be enough left to build up our school upon a sound foundation, and the foundation is becoming rotten by the presence in our societies of these very men who belong to allopathic bodies. Even men high in our ranks belong to allopathic societies, and their membership therein is used by the A. M. A. in the manner shown by the quotations herein given, and the foxy president of this body was quite onto his job when he replied to the wire sent him by the Denver press.

We boldly assert that no man can be a member of the American Institute of Homœopathy, or of any other homœopathic organization, and at the same time have membership in the American Medical Association or any of its allied societies and be honest to himself, true to the homœopathic cause or respected by the profession of either school of medicine.

We assert this without fear of successful contradiction, and we stand willing to be convinced that we are wrong, but we have never yet seen the man that belonged to both schools that we would be willing to trust with the affairs of our colleges, societies or school of medicine at large.

That there are many estimable men who do belong to the societies of both schools is true. Whether they do so from pride, revenue or recognition we are unable to say, but we have within the past year seen men of our school hold membership in our societies until they were safely ensconced in the allopathic society and then resign and tell our school to go to.

We know that emissaries of the A. M. A. approach our new graduates even before the ink is dry on their diplomas and proselyte them for members in their societies, and we know that this is one of the measures used for undermining the homœopathic school.

Taking all this and much more that might be said into consideration, we believe that the sooner all our local and state societies take up and pass the Stout resolutions, or ones similar thereto, made even stronger, the sooner will our school have the rotting timbers of its foundation removed and stand upon a firm basis.

IS HOMŒOPATHY PAYING TOO MUCH FOR ITS WHISTLE?

WHEN Benjamin Franklin was a child of some seven summers his friends, on a holiday, filled his pockets with pennies. Child-like he went, without wasting unnecessary time, to a shop where they sold toys for children and, being charmed by the sound of a *whistle* that he met on the way in the hands of another boy, voluntarily offered and *gave all his money* for one.

Returning home, elated with his new noise producer, he was mortified beyond measure, on making known the purchase price, to learn that he had given at least four times as much as it was worth; nor were his feelings relieved when his hilarious friends proceeded to give him what in present day parlance would be termed the "merry ha! ha!"

Added to the already active discomfort was the fact of being reminded in many ways of the numerous good things he might have bought with the balance of the money, and so impressed was he by the vividness of this apparent calamity that he threw himself upon the ground and indulged in the luxury of a real good, old fashioned cry.

Grown ups have been known to do equally ludicrous things under similar circumstances with apparently no comforting results whatever.

Besides the foregoing, which was pretty nearly sufficient for all practical purposes, the fact that his meditation over the matter gave him so much more chagrin than the plaything gave him pleasure, was a final convincing evidence, notwithstanding the bewitchery brought about by his blow bauble, that he had been most beautifully bamboozled; in other words, *had paid too much for his whistle.*

At the Denver meeting of the American Institute of Homœopathy recently a resolution was presented by Dr. Henry Stout, of Jacksonville, Florida, the object of which was to compel an open acknowledgment by Institute members of their loyalty to homœopathic principles.

In a very precipitous manner the Committee on Resolutions, "that it might not embarrass the president-elect," so it was stated in extenuation afterwards, reported it would be "inexpedient to consider the resolution at this session."

When one witnesses such exhibitions of solicitous concern for persons to the total disregard of principles, they cannot help wondering if the members of such societies, dominated by their politicians, *do not pay too much for their whistles?*

When the American Institute of Homœopathy, the oldest medical society in the United States, rewards such of its members as are either affiliated with the A. M. A. or have been blackballed by that organization, by placing them in positions of honor, is it not likely to strike the average observer of such matters as being a remarkably illogical procedure. In other words, does it not expose its members to ridicule and lay them liable to the suspicion of having *paid too much for their whistle?*

When an organization like the American Institute can offer no greater inducements than will influence but about one-fifth the numerical strength of this faith to become members, is there anything unnatural in giving the four-fifths still outside the organization due credit for possession of wise judgment as to valuations of musical instruments, particularly *whistles?* More especially is this so when it is demonstrated beyond a doubt that those within the charmed circle have paid exorbitant prices for their playthings, which, on close investigation, turn to be second-hand toys and discards from the A. M. A.?

In short, one realizes if they believe interviews given wide publicity and credited to Drs. Hall and Hunter, of Denver, at the time Dr. Stout's resolutions were presented to the American Institute, in which they declared the deflection of members from the A. I. H., A. M. A.-wards to be so great as to cause concern to the former fraternity, going so far even as to assert that this heroic move was imperative in order that the integrity of the Institute's forces be preserved, that Homœopathy through its despoilers, deserters and defamers had paid too much for such *whistles as they had already purchased?*

Let it be hoped that past experience may so vividly impress members of the American Institute of Homœopathy with the element of caution which invariably accompanies all successes that when contemplating the taking on of some unproved, unnecessary thing, it beware of the warning which was of such great value to Benjamin Franklin in the latter years of his life: *Don't give too much for the whistle?"*

J. W. M.

STATE MEDICINE AND MEDICAL FREEDOM.

A DICTUM of established jurisprudence is that the state shall not interfere with the freedom of any citizen except in case of *suspected criminality* or of *known contagion*.

Failure to understand or to respect this basic principle is, without doubt, the primal factor in the deliberate violation of communal rights by the individual and of the gross disregard of the rights of the citizen by the state. The notorious tendency of the average citizen to demand unlimited freedom only manifests his indifference to the inherent rights of his fellow and to the best interests of organized society in general, for indeed, freedom for every man implies certain restrictions for *each man*, and the accepted recipe for conduct in this premise is that the freedom of the one should and must halt at the point where another's freedom begins.

A more serious tendency, however, is that of the state (organized society)—in these modern times—to make laws and permit rulings that clearly interfere with the exercise of a proper degree of freedom by the individual citizen. Certainly a citizen cannot be considered guilty of criminality unless he trespass the freedom of another (or others), and likewise he cannot be held accountably contagious without it, can be definitely shown that his condition is a menace to his fellow or to society at large.

The state apprehends and imprisons the individual, not so much to punish him as to prevent him from punishing his fellows by any further violations of their common rights. The citizen in a contagious condition cannot be removed from his place of abode without the consent of himself or those who hold authority for him, and yet the state (or community) can subject him to quarantine for the protection of the communal health against his contagion, while at the same time society thus protected must defray all expense incident to guardianship, and it must also furnish the afflicted one with the necessaries of life, without cost to him during the period of quarantine. And furthermore, while society may restrict the freedom of the citizen in question to the extent of preventing him from coming into contact with his fellows, it cannot in the least interfere with his right to employ the method of treatment, or the practitioner, that he may prefer during his illness, contagious though it may be.

It is a deplorable fact that in the light of these rights of the citizen the state too often subjects the "criminal" to distressing cruelties, and not only this, but when a man falls the victim of contagious disease, he is made to suffer the added afflictions of intimidation and humiliation through the despotic demands of an officious medico-political upstart, who delights to diagnose "criminality" where only contagion exists, and who substitutes punishment of the patient for protection of the people. Also, he is given to intimating that the victim of his autocratic pronouncements must go forthwith, willingly or not, to a "pest house," and he incidentally adds the insinuation that freedom of choice in the matter of treatment will not be tolerated!

Not only this, but it will be observed that among other things he demands, in the exercise of his political functions, that children (who cannot be justly accused of either criminality or contagion) shall be *medicated* before they may be *educated*, and he pompously goes forth with his vaccines "seeking whom he may devour" in the name of the American Medical Association, which is responsible for practically all of these outrages in political medicine. Then having thus established these compulsory practices upon the helpless and the healthy innocents, he and his kind cunningly clinch the matter of choice in times of illness through the activities of medicine's modern menace, the composite medical examining board, which is almost universally made up of a majority of choice souls of the American Medical Association with a sprinkling of acceptables from other schools of treatment, it being the business of this agency to stop at the state line all who would offer their services to the sick. .

And yet these offenses committed under the auspices of the state are no more distasteful to one's true sense of freedom than are the bigoted assumptions of those in the oppostion who call loudly for "medical freedom," and who at the same time use the instruments and agencies of freedom to further their own peculiar preferences in the healing art, as well as for the denunciation of those medical measures that do not meet their particular fancy or approval. A more perfect specimen of cowardice and dishonesty cannot be imagined than that of a "champion of freedom" denying to others that full measure of freedom which he demands for himself by attempting openly and deliberately to blast the medical opinions and practices of

others, and simultaneously trying covertly to "boost" his own theories under the cunning pretext that he is "fighting for the inherent rights of the citizen."

Never since the dawn of the democratic era has there been greater need for a contest in the interest of freedom, nor was there ever, at any period, less of indication for sectarian bitterness or spit-fire tactics in the fight for this fundamental principle. Medical monopoly is too small a game for big men to play, and the fight for freedom is too big a game for *"small"* men to play. "Truth is mighty and will prevail," so also its handmaid, freedom, but neither without honest, dignified endeavor on the part of those who are ready to welcome them in their fulness and purity and who are willing and anxious faithfully to subscribe to them once they are established.

L. P. C.

NEWS ITEMS.

COLORADO.

The total registration at the Institute Meeting was 204 members. An equal number of visitors were registered.

IOWA.

The Iowa State Board of Education has reappointed Dr. W. L. Bywater,of Iowa City, Professor of Ophthalmology and director of the University Hospital; Dr. George Royal, Professor of Materia Medica; Dr. F. C. Titzell, Professor of Surgery; Or. T. L. Hazard, Lecturer on Pediatrics, and Dr. Erwin Schenck, Professor of Theory and Practice and Medicine.

MASSACHUSETTS.

Dr. Oliver Brewster Taylor, aged 93. reputed oldest graduate of Harvard Medical School, died the latter part of July, 1913, at the home of his son, in Hartford, Conn.

The new free Dispensary for animals was opened at Boston (73 Central street) July 28. It is the first free animal dispensary in New England.

Dr. Eliza B. Cahill, of Boston, has been motoring with friends recently in the White Mountains, at Brettan Woods, N. H.

Dr. A. G. Howard has his summer home at Swift's Beach, Wareham. He spends an occasional day there, motoring down from the city.

Dr. Harold E. Davey, who finished his hospital term in June, and his State Board exams. in July, was a recent Swift Beach visitor. Dr. Davey had a universally large obstetric record in his work at the North End Medical Mission, attending something over 300 cases.

Miss Elizabeth J. Tisdale, manager of the Homœopathic Hospital Nurses' Directory, issues a circular emphasizing the thorough training received by the nurses as a supplement to the list of nurses registered.

Dr. Arthur Allison Howard, of 416 Marlboro street, will be the Physician in Chief at the Hospital for Children and of the Children's Out-Patient Department of the Boston Dispensary (both old school).

At the dinner of the S. and G. Society, Boston, at the Thorndike, 87 were present.

There were eleven graduates from Boston University Medical School, in the 1913 class. One has gone to India, one to China, and one to South America. The name of the school is carried far and wide by its graduates.

At the State Board examinations (Mass.) 160 odd were examined. The number was so large all laboratory and practical work had to be omitted.

Dr. Charles S. Gleason, of Wareham, left, August 1st, for a month's trip to the Panama Canal. Dr. Elwin Lane, of Andover, Mass., is looking after his practice.

Dr. Robert W. French, of Malden, with his wife and three-month's-old baby, has been spending a short vacation at Barnstable.

Dr. Gardner H. Osgood, of Forest Hills, is driving a Ford car. Dr. Conrad Wesselhoeft and W. F. Wesselhoeft are also using Ford cars.

Dr. David W. Wells, of Boston, has been enjoying a vacation at Bar Harbor, Me.

Dr. Frank C. Richardson, of Boston, enjoyed a boating trip along the Maine coast, in July, even though overcoats were a necessity.

Dr. Conrad Smith spent the summer at Nautucket.

Dr. Frederick B. Percy, of Brookline, took a trip to Europe. Dr. J. Arnold Rockwell, of Cambridge, cared for his medical service at M. H. H.

Dr. Clarence Crane, examining surgeon at H. M. H., prevailed upon Dr. Harry Lee to attend to the work at the hospital while he went on his vacation.

A Fair, to be held in Copley Plaza, in the fall for the medical school endowment fund is under way.

A new operating room at M. H. H. has been built in the old reception room. The dining room has been made into an etherizing room.

Dr. E. B. Coleman, of Nantucket, has been a patient at the Homœopathic Hospital, suffering from typhoid fever. His daughter has also been a patient there with the same disease.

MICHIGAN.

The Homœopathic Department of the University has issued the following circular:

OPENING EXERCISE, HOMŒOPATHIC COLLEGE, UNIVERSITY OF ICHIGAN.

September 29.

So far as possible students should present themselves for registration at the Dean's office, Campus, North University Avenue, upon this date or previous. This is especially important in case of those who register for the first time.

A well-informed person will be present at regular hours to assist students in becoming located and for the more important purpose of arranging their courses of study.

September 30.

Regular University work begins:

10 A. M. Opening Address by the Dean, Hospital, Lower Lecture Room. Subject: "How to Study Medicine."

11 A. M. Announcements by the Registrar and assignment of work not previously arranged.

1 P. M. Clinics, Hospital Amphitheatre.

An effort will be made to have the regular semester schedule ready for distribution upon this day.

October 5.

9 A. M. Examination for Seniors who were not examined or who failed in *Infectious Diseases* at the close of last semester.

October 25.

8 P. M. Annual Faculty Banquet to all students of the College, Michigan Union Club House.

These announcements are subject to variation as circumstances, at this time not anticipated, may arise.

Dr. E. Mather has removed to 48 Warren avenue, E. Detroit. Dr. Mather is treasurer of the American Cancer Research Society.

Dr. John A. Lenfestey announces the removal of his Detroit office from the Washington Arcade to more commodious quarters, Suite 406 Scherer Building, 27 East Grand River. Special attention will be given to chronic diseases, and to all patients referred to him for the Sulpho-Saline Mineral Baths at Mt. Clemens, as formerly, 58 North Walnut street.

MISSOURI.

The homœopathic physicians, of Kansas City, under the leadership of Dr. Moses T. Runnels, asked for representation on the staff of the general hospital. It was asserted that there were two men on the staff last year, Dr. A. C. Leonard, who resigned soon after his appointment and Dr. W. D. Foster, who had been seen there but once in the last year. If we get staff positions in general hospitals we must put on men who will do the work.

NORTH DAKOTA.

The State Homœopathic Medical Association held its annual meeting in Fargo on July 16. President R. G. DePuy, of Jamestown, in the chair. It was an interesting and appropriate meeting; an enjoyable banquet terminating the affair. Dr. J. G. Dillon acted as toastmaster. Dr. Francis Peakes, toast, "The year ahead of us," was excellent and was applauded.

PENNSYLVANIA.

Scranton graduates eight from Hahnemann. On Thursday evening, June 20th, eight young women graduated from the Hahnemann Training School for Nurses, and were presented with diplomas by Dr. John L. Peck and received their graduate medals from Mrs. Layton Oakford. David Boise presided at the commencement exercises and Rev. R. P. Kreitler, pastor of St. Luke's Episcopal church, made the address of the evening. Miss Ethel Shoemaker was the soloist of the evening, being accompanied by Miss Laura Meldrum. Following the exercises a reception was held at the hospital on Colfax avenue. The graduates were: Misses Mary and Louise Stone, Catharine Costello, Scranton; Rebecca Douglass, Northumberland; Mabel Quinn, Pittston; Helen Holcond, West Pittston; Mrs. Bessie Runson, New York City, and Mable Cliver, Reach Lake.

New hospital thronged on opening day. The bazaar and supper for the benefit of the Homœopathic Hospital of Chester county, was held at the institution. Walnut and Biddle streets, West Chester, Pa., on Thursday, July 24th. A great crowd of people attended and every department was practically sold out by 8:30 o'clock.

All morning members of the committees, board members and others, who were interested, worked unceasingly to arrange the tables on the lawn, with most attractive results.

The hospital was open for inspection and the superintendent, Miss Mary C. Davies, and members of the Board of Managers and Auxiliaries, assisted by the five probationers, neatly gowned in pink with the regulation caps and aprons, welcomed the guests and showed them through the building. The interior of the building is practically finished and each room is furnished and ready for occupancy.

The Homœopathic Medical Society of the 23d Ward of Philadelphia held its regular monthly meeting at the "Hotel Phœnix," Willow Grove, Pa., on Wednesday, July 17th, 1913. Keen interest was shown at this meeting by a large number of members present, and many matters of importance were discussed.

JOHN D. BOILEAU, M. D., *Secretary.*

For the year beginning May 20th, 1913, on behalf of the West Jersey Homœopathic Medical Society, the following were appointed delegates to the Pennsylvania State Homœopathic Medical Society: Dr. Gilbert J. Palen and Dr. Leon T. Ashcraft, and Dr. Ralph Bernstein was appointed to the Bureau of "Epidemic Diseases."

PERSONAL.

Dr. William C. Hunsicker announces the removal of his office to 1625 Race street, Philadelphia. Hours, 9 to 12 A. M., 5 to 7 P. M. Sundays, 9 to 12 A. M. Genito-Urinary Diseases.

OBITUARY.

Dr. A. S. Taylor.

Died at the residence of his son in Hartford, Conn., July 28. He graduated from the Harvard Medical College in 1842, and was 94 years old. He practiced Homœopathy in Manchester, Conn., for over fifty years.

Dr. Andrew E. Willis.

Shelburne Falls, Mass., died recently.

Dr. Emma P. Allen.

Brooklyn, August 9, æt. 68. New York Medical College for Women, 1891.

Dr. Wm. H. McLenathan.

Brooklyn, N. Y., July 30, æt. 71. New York Homœopathic College, 1878.

Council of Medical Education.

A meeting of the Council of Medical Education was held in the college building of the Boston University School of Medicine on August 15, 1913.

There were present the entire membership of the Council: Drs. Royal, Sutherland, Baxter, Garrison and Dewey, and as visitors Dr. J. C. Wood, of Cleveland, and President-elect of the Institute Dr. DeWitt G. Wilcox, of Boston.

The Council organized by re-appointing Drs. Royal and Dewey chairman and secretary, respectively, and Dr. John B. Garrison was elected treasurer, his office being to serve as collector for the pledges, and in conjunction with the treasurer of the Institute, to keep the Council informed of its financial status.

The continuation of the work of securing pledges and methods of securing and collecting same were discussed. The treasurer reported the amount of funds on hand.

The question of budgeting the funds was then discussed, and the following division in percentages was tentatively adopted: Literature, 10; college work, 15; publicity agent and lectures, 35; societies, 5; legislative work, 5; secretary's office expenses, 30.

It was moved and carried that the secretary continue the work of securing a list of students about to study medicine, and that he canvass the literary institutions granting a B. S. or A. B. degree, and ten per cent. of the high schools accredited to our leading universities, same to be determined and selected as to localities by the secretary of the Council.

It was moved, seconded and carried that the secretary be authorized and instructed to send letters to the secretaries of all state boards and to the homœopathic members thereon, informing them that the Council now possesses complete information concerning our colleges and will supply the same when requested to do so, and to suggest to them that when information as to homœopathic schools is desired that the Council on Medical Education of the American Institute of Homœopathy be applied to rather than the council of any antagonistic school or the self-appointed inspectors of other bodies.

It was moved, seconded and carried that the secretary be instructed to communicate with Dr. E. Petrie Hoyle, of the International Homœopathic Council, London, and learn whether there cannot be some combination of activities which will be of mutual benefit.

The question of lyceums, lecture bureaux and a publicity agent was discussed at considerable length, and it was moved and carried to leave the same to a sub-committee consisting of the chairman and secretary, and that they be requested to submit plans at the December meeting of the Council.

It was moved, seconded and carried that the secretary assemble a collection of photographs of all homœopathic institutions with a view of either reproducing the same in a publication, making a set of slides for propagandistic lecture purposes or both.

The meeting lasted the entire afternoon, after which an inspection of the Boston University School of Medicine was made, and the Council then accepted the cordial invitation of Dr. J. P. Sutherland to dinner, where an informal discussion was continued until the members departed to catch trains.

W. A. Dewey, *Secretary.*

Oklahoma Institute of Homœopathy.

OFFICE OF PRESIDENT—DR. W. LEROY BONNELL.

Dr. Frank Casseday,
Portland, Oregon.

Dear Doctor:—We, the undersigned officers and members of the Oklahoma Institute of Homœopathy, in session at the eighth annual meeting, held at Chickasha, Oklahoma, April 15th and 16th, 1913, heartily approve and endorse your plan to place Homœopathy on a proper basis.

We further believe it is a step in the right direction, and that the time for action is now, and we trust the next annual session of the American Institute of Homœopathy to be held in Denver, Col., will see fit to put this plan in active operation.

Respectfully signed,

W. LeRoy Bonnell, M. D., *President.*
A. S. Phelps, M. D., *President-Elect.*
L. H. DeVasher, M. D., *Treasurer.*
W. W. Osgood, M. D., *Secretary.*
S. C. Whitcomb, M. D.
F. W. Hammond, M. D.
C. W. Baird, M. D.
J. A. Brooke, M. D.
Lewis C. Inman, M. D.
C. R. Phelps, M. D.
S. B. Leslie, M. D.
M. E. Ray, M. D.
Bertram Johnson, M. D.
Leota S. Cunningham, M. D.

The University of Michigan Homœopathic Department Library has recently had presented to it through the kind offices of Dr. Leon Brasol,

of St. Petersburg, a complete set of all the homœopathic publications in the Russian language, numbering over 100. Also the library has recently purchased all the homœopathic publications in the Swedish, Dutch and Portuguese languages. This library aims to secure every homœopathic publication in every language in the world.

A Practical Guide to Homœopathic Treatment. Designed and arranged for the use of families, prescribers of limited experience and students of Homœopathy. By Myron H. Adams, M. D., Consulting Physician to the Rochester Homœopathic Hospital, Member of the New York State Homœopathic Medical Society, etc. 455 pages. Price, $2.00. Postage, 14 cents. Philadelphia: Boericke & Tafel. 1913.

A modern up-to-date domestic practice built on good straight homœopathic lines. It should prove very useful for physicians to recommend to such families as may be traveling or to keep on hand as a household book. Most of the domestic works an Homœopathy are either out of date or out of print. So we can heartily commend this one. Moreover it contains so many useful hints that any physician may profit by possessing a copy and studying it carefully.

SOUTHERN HOMŒOPATHIC MEDICAL ASSOCIATION.

The following letter has been issued by the secretary:

Louisville, Ky., July 30, 1913.

Dear Doctor:

The following appointments of Chairmen of Bureaux have been made by Dr. Wellford B. Lorraine, the president of the Southern Homœopathic Medical Association. The meeting will be held November 11, 12, 13, 1913, at Atlanta, Ga. When you receive a letter from one of the chairmen of the Bureaux asking for a paper write him you will contribute a paper. Do not wait to be asked, it is your privilege. Write a paper, send the title to your secretary who will assign it to the proper Bureau.

Now, doctor, don't throw this appeal in the waste basket, but lend your assistance. This is your meeting as well as the president's, secretary's or chairmen of Bureaux.

Application blanks for membership and all other information regarding the Association may be obtained from the secretary, Dr. Lee Norman, 712 West Broadway, Louisville, Ky.

Fraternally,

Lee Norman.

Bureau Chairmen Southern Homœopathic Medical Association:

Materia Medica, Dr. Dora Wheat, Louisville, Ky.

Pedology, Dr. Susan M. Hicks, Atlanta, Ga.

Surgery, Dr. Wm. A. Boise, Knoxville, Tenn.

Op., Ot. and Laryngology, Dr. Wm. Rufus King, Washington, D. C.

Homœopathic Propagandism, Dr. A. H. Schott, St. Louis, Mo.

Obstetrics, Dr. W. L. McCreary, Knoxville, Tenn.

Gynæcology, Dr. E. J. Burch, Carthage, Mo.

Clinical Medicine, Dr. H. R. Stout, Jacksonville, Fla.

Sanitary Science, Dr. A. L. Smethers, Andersonville, S. C.

Cocculus Indicus.

A woman, aged 60, had been bothered all her life with sea-sickness whenever she undertook even short excursions upon the water. Frequently even the sight of running water would bring on unpleasant feelings of nausea. Any form of traveling was also productive of symptoms like those found in sea-sickness. This lady came for treatment after undergoing an unusual severe attack of this complaint, and received Cocculus as the remedy. Two drops of the tincture were added to a glass of water and one teaspoonful taken every hour. The nausea and vomiting ceased a few minutes after the second dose, and a continuance of the remedy for a week resulted in a complete disappearance of the symptoms. This person has since taken several two-day trips upon the water without having any return of her former distressing experience.

Antimony.

Precipitated metallic antimony is a safe drug to employ (intravenously) in the treatment of sleeping sickness, and has also been used with success in yaws.—Chemical Abstracts.

Neosalvarsan.

The clinical effects of neosalvarsan are less marked than those of salvarsan. The Wassermann reaction disappears more slowly and less completely than with the latter. Its toxic action is less marked than of salvarsan.—Chemical Abstracts.

Sea Water.

Dr. Ralph Mellon, of Ann Arbor, succeeded in curing a very severe case of psoriasis in a young girl who had had the disease for several years by giving injections of sea water. About 100 c.c. were injected subcutaneously once a week, and within a month the patient was completely cured. It is claimed that several diseases may be cured by injections of sea water.